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MEDICAL COLLEGE OF VIRGINIA CAMPUS, VIRGINIA COMMONWEALTH UNIVERSITY



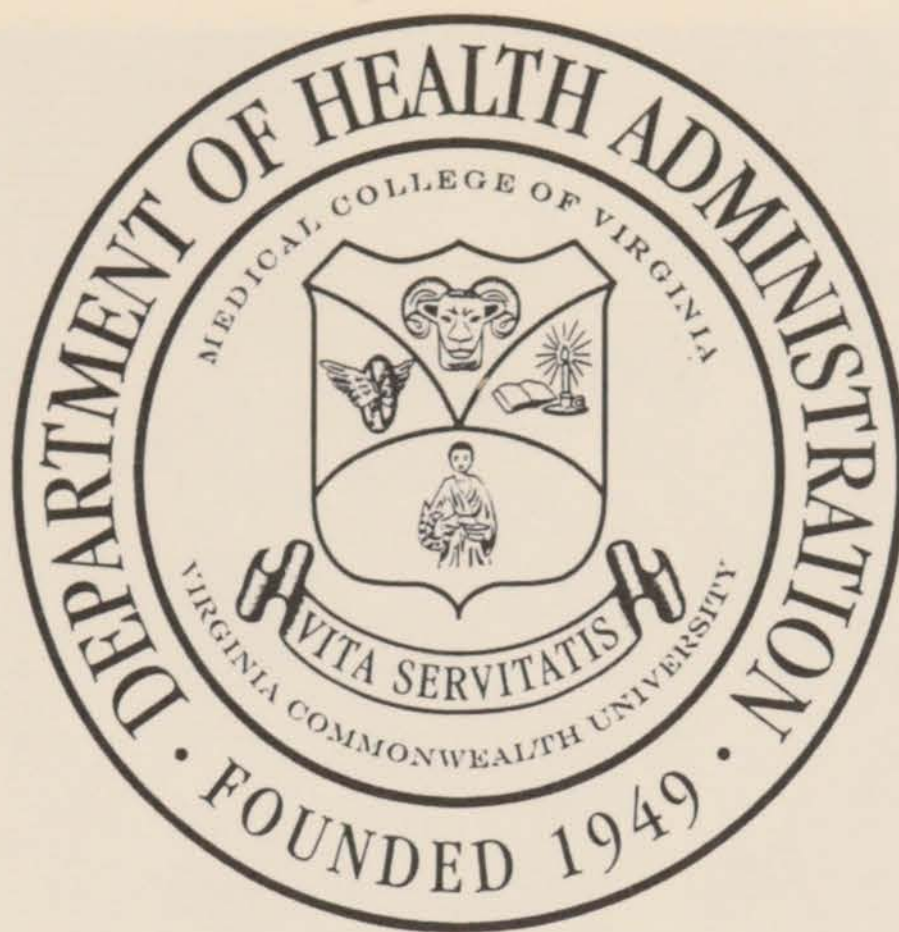
A GOLDEN FOUNDATION
FOR
BUILDING THE FUTURE

A Golden Foundation for Building the Future

**Department of Health Administration
Virginia Commonwealth University
1999**

A College Preparation for Building the Future

Department of Health Administration
Virginia Commonwealth University
1999



The Grant House, home of the Department since 1992



Our Past



Our Present

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The year 1949 was one of firsts. It marked the first televised presidential inaugural parade of Harry Truman. Joe Dimaggio became the first baseball player in history to receive an annual salary of \$100,000. Los Angeles recorded its first snowfall. And Wesley Anthony Brown became the first African-American to graduate from the U.S. Naval Academy. In 1949, VCU's Department of Health Administration also was established - not only one of the first of its kind in the country, but also one of the first distance-learning programs in the nation. Consistently ranked as one of the top 10 graduate programs in the nation in health administration by *U.S. News and World Report*, the department can take pride in graduates who are among the finest in their professions, occupying top-level positions in academia, at major health care institutions, and at medical companies throughout the world.

I would like to extend my heartfelt congratulations to the Department of Health Administration, its alumni, faculty, and staff for its 50 years of excellence, leadership, and pioneering spirit. The department combines the best of what a university has to offer: cutting-edge innovation in educational technology, a rigorous course of study, outreach to working professionals, and the support of a distinguished faculty and department. This program serves as an exceptional national model for executive education as we prepare to enter the 21st century.

VCU prides itself on being a university of firsts. The Department of Health Administration has not only helped to maintain this distinguished reputation, but as it continues to grow and evolve, it will without a doubt lead the way in the highest quality research, educational outreach, and public service. We at VCU are very excited about the department's golden anniversary, and look forward to many more years of success, influence, and academic distinction.

Eugene P. Trani, Ph.D.
President
Virginia Commonwealth University



Congratulations to the Department of Health Administration on your 50th Anniversary! As Dean of the School of Allied Health Professions, I take great pride in your achievements and commend all of the faculty and staff for their hard work and dedication. Fifty years ago, Charles Cardwell set the example and standard for the department. That high standard has been maintained over the past years and will undoubtedly continue to flourish in the future. The department has consistently ranked among the nation's best—striving to be the number one program in the country. As a leader in distance education, you have become truly international in scope, with students from countries ranging from Taiwan to South Africa. Viewing the support available to the department from over 2,000 alumni, a listing of which reads like a roster of *Who's Who in Health Administration*, I am excited about the bright future of the department as an innovator of health care in the 21st century.

On behalf of the entire School of Allied Health Professions, best wishes as you celebrate your Golden Anniversary.

Cecil B. Drain, Ph.D.
Professor and Dean
School of Allied Health Professions

Preface

The idea of putting together this book arose as members of the Department of Health Administration at the Medical School Campus of Virginia Commonwealth University, seeing their department's golden anniversary on the horizon, began planning its celebration. Present and former faculty members



and staff, and alumni as well, began renewing memories of their experiences together and marveled at the dramatic changes they had seen, not only in the field of health care, but in the department itself. The chair of the department, Dr. Thomas T. H. Wan, urged the compilation of an anniversary volume that would trace those dramatic changes and the department's stellar achievements in keeping abreast of them, and that would also preserve warmly remembered details of the last five decades' crowded experiences.

It was the hope, as well, that the book would be an apt occasion for faculty and alumni leaders to reflect on the department's immediate future course and suggest the best ways of maintaining its unflagging commitment to excellence in the education of health administrators.

In a collaborative effort, Dr. Wan and both current and former members of the faculty, as well as current staff, then each compiled sections of the historical record. The account is also enriched in human detail by the memoirs that the former department chairs and the executives in residence contributed. In addition, many alumni leaders as well as leaders in health administration education and recruitment graciously consented to interviews that made their insights available for this book. Dan Gardner (MHA 2001) compiled and collated the interview material.

The present and former members of the department faculty and staff who contributed to this volume are Dr. James W. Begun, Dr. Dolores G. Clement, Dr. Jan P. Clement, Dr. Anthony J. DeLellis, Beverly H. DeShazo, Dr. Roice D. Luke, Dr. Michael J. McCue, Jerry L. Norville, Dr. Yasar A. Ozcan, Dr. Louis F. Rossiter, Dr. Ramesh K. Shukla, Dr. Karen N. Swisher, Dr. Thomas T.H. Wan, and Dr. Kenneth R. White. Their efforts, which have preserved the history of the department, are deeply appreciated.

The alumni leaders, heads of health administration departments elsewhere, and health administration recruiters who graciously responded to the invitation to contribute through commentaries and interviews are identified in the chapters where their contributions appear. Their insights added substantially to this volume's interest, and are gratefully acknowledged.

Thanks are also expressed here to Dorothy Silvers, the editor of this history, and to Beverly DeShazo, whose expert shepherding of the compilation process and preparation of the manuscript for the typesetter—much of it accomplished on her own time—were indispensable.

It is hoped that for the readers of this history, it will revive fond memories, clarify the march of events, and stimulate a vision of the future.

The Golden Anniversary Advisory Council
Co-Chairs: William Reid (MHA '56)
Caroline Martin
(MHA '78)

Acknowledgements

This book has been achieved through the combined efforts of many individuals. Appreciation must be expressed to Thomas C. Barker, James Begun, Dolores Clement, Jan Clement, Paul Gross, Richard Kraus, Roice Luke, Michael McCue, Jerry Lee Norville, Yasar Ozcan, Louis F. Rossiter, Ramesh Shukla, Karen Swisher, and Ken White for their preparation of the chapters. I wish to thank Dan Gardner, MHA2001, for his able assistance in compiling documents for Chapter 1. Finally, I want to thank Dorothy Silvers and Beverly DeShazo for their excellent editorial assistance.

Thomas T.H. Wan, Ph.D.
Professor and Chair
Department of Health Administration
Virginia Commonwealth University

Introduction

Tracing a 50-year history of tradition and achievement back to 1949, the Department of Health Administration, on the MCV Campus of Virginia Commonwealth University in the School of Allied Health Professions, has provided leadership for over 2,000 health administration professionals. Our graduates are among the best in their fields, and command top positions in academia and at major health care organizations throughout the world.

Emerging from a turbulent era in U.S. health care history to celebrate five decades of esteemed leadership, the VCU Department of Health Administration is setting new standards through innovations in education, research and service. Recognized for excellence, our MHA program has been consistently ranked in the top 10 of America's Best Graduate Schools by *U.S. News and World Report*. Drawing students from points throughout the world, the department blends a rich heritage with emerging technology and well-rounded programs, emphasizing continuous quality improvement and innovative planning to take on tomorrow's health care challenges. We call upon our alumni, parents and friends to join us in our quest to be the nation's best.

As greater emphasis is placed on cost-conscious health care, institutions and individuals will no doubt become entangled in complex issues of ethics and quality, as well as of economics, performance, and regulations. The reliance on knowledgeable health administration executives will increase. Added to the complexity and competitiveness of health care is the aging of the U.S. population, with a rising need for geriatric care and alternative services. World class educational opportunities such as are offered by the VCU Department of Health Administration will be sought to meet the demand for outstanding graduates.

Students at the department encounter a dynamic educational experience led by distinguished scholars and experts in management strategies, market studies, and the performance evaluation of health care organizations. The faculty blend research and administrative expertise with an understanding of today's complex issues and technology, and combine these with recognition of the need for compassionate care.

The department continues to receive a large number of applications, allowing for selection from a field of highly qualified candidates. A full-time, three-year master's degree program is aimed at recent college graduates and mid-career professionals seeking managerial and administrative positions in the health care industry. Faculty and preceptors emphasize student exposure to real-world situations, and opportunities for conducting management studies on current issues in their fields.

The innovative Executive Master's program attracts busy executives seeking a Master of Science degree in health administration, by offering an intensive two-year program. Some of those enrolled live and work in distant communities; others have families to care for; and some have a combination of responsibilities. For those highly motivated associates, the graduate Executive Program incorporates short on-campus sessions and distance learning via Internet, teleconferencing, videotaped programmed instruction and self-directed study modules.



Thomas T.H. Wan., Ph.D.
Professor and Chair
of the Department

The full-time, three-year Ph.D. program in Health Services Organization and Research prepares graduates for faculty positions in health administration programs and as researchers, policy analysts and top managers in health care organizations.

All the graduate programs are guided by the principle of developing students with professionalism, organizational skills, empowerment and team spirit, as well as technological sophistication. Our continued success in health administration education and research is based on the core values and vision that were formulated by the faculty, staff and students and completed by the careful review of our constituents, VCU officials, and members of the Alumni Executive Committees and other alumni leaders.

The mission statements are presented as follows:

Department of Health Administration Vision and Values

It is the vision of the Department of Health Administration to produce research, service, and education that are innovative and excellent in comparison to other departments internationally. New knowledge, needed services, and graduates who assume leadership roles in health services education, research, and practice are the department's contribution to society.

Faculty, staff, students, and alumni are the department's greatest assets. The department cultivates diversity within these groups of individuals. To support these individuals, the department continuously enhances their personal learning, advancement, and work environment. The department strives for a fair level of compensation to its faculty and staff.

The department functions in a manner that provides a fair return to those who invest resources in it. The department is interdependent with the School of Allied Health Professions, the Medical College of Virginia Campus, and Virginia Commonwealth University, and the department supports the work of these entities and contributes to their overall success.

In pursuit of this vision, the department recognizes that six values are particularly important:

respect for the dignity of each individual;

fairness in matters of compensation, benefits, promotion and tenure, scheduling, grading, resource allocation, and handling disputes;

accountability of individual faculty, staff, and students to each other, the department chair, the school, the university, and the larger society;

continuous improvement in the quality of the work of faculty, staff, students, and alumni;

teamwork among students, faculty, staff, and alumni; and

openness to change and innovation.

Approved by HAD faculty 4/6/93

There is no greater way to pay tribute to our alumni, faculty colleagues, students, and staff than to compile this historical document that will provide a lasting memorial of the great history of this department. I know that this book, *A Golden Foundation for Building the Future*, demonstrates the great strides we have made to achieve national and international recognition, and also how we can ensure a better future. It is with great pride that I present the book—and my profound thanks for the continued support given to the Department.

Thomas T.H. Wan, Ph.D.
Professor and Chair
January 4, 1999

1. Education in Health Services Administration at VCU: Keeping Pace with Change, Evolving Continually toward Excellence

The profession of health administration has been discussed in terms of both science and art. Without question, ensuring that a facility provides health care to a high standard, and also equitably, requires adherence to criteria of both medical science and medical ethics. Then, too, the facility's costs, revenues and reimbursement structures must follow business guidelines and legal requirements to operate successfully. Beyond such explicit guidelines, however, both those areas of responsibility also draw on intangible qualities of leadership and fruitful personal relations, and such arts have fewer explicit do's and don'ts. Clearly, then, to develop the diverse skills needed by a health care administrator is no small challenge.

Moreover, the challenge to educators in health care administration has been immeasurably complicated by the breathtaking transformation of the health care field over the last five decades. Following World War II, hospitals developed notably, from limited facilities centered on emergency rooms to fully equipped medical centers with inpatient care. At the same time, advances in medical technology, by allowing us to look deeper into the nature of disease, illness, and health, helped to extend the lives of countless individuals. But those changes have also brought in their wake a total transformation of the financial structures of health cost. In this sweeping movement, health care professions have shifted, as well. Specifically,

our profession of Hospital Administration—or now, more accurately, Health Services Administration—has become virtually a new field—an industry.

To keep pace with these changes and meet their challenges successfully, the Department of Health Administration, on the Medical College of Virginia Campus at Virginia Commonwealth University (VCU), has continually developed curriculum content, teaching technologies, and programs that ensure training through hands-on application of learning. Over the course of its fifty-year existence, the Department has established itself as one of the most formidable educational programs in the United States for health care professionals. Department graduates now hold a high proportion of the executive positions in the country's health care industry. As that industry has evolved from a hospital focus to an all-encompassing range of services, VCU's health administration curriculum has evolved to keep pace, preparing graduates for the ever-changing health care environment.

We can appreciate the accomplishment of the Department of Health Administration at Virginia Commonwealth University by viewing its match with the evolving trends in hospitals, health care delivery, and the overall field of health service education. That background history is outlined here. The account is enlivened by the memoirs and insights of the VCU Department of Health Administration's alumni and

faculty, and by the comments of department chairpersons elsewhere in the nation, which appear in the second section of this chapter.

Historical Overview of the Health Care Field

Pre-World War II

During this century, hospitals have had to take on roles beyond being the sources for care and, often, simply the places where people went to die. Besides caring for the sick, hospitals' primary functions have grown to encompass the study of and teaching about disease. In addition, the complexity of the advances in medical science and practice has forced most hospitals to develop themselves as major coordinators and suppliers of health care services.

As early as the 1920s, Frank E. Chapman, Director of Mount Sinai Hospital in Cleveland, Ohio, listed a formidable range of attributes for an effective hospital superintendent, in his 1924 book, *Hospital Organization and Operation*:

- Furnish advice and counsel to the board of trustees in the formulating of policies;
- Be the medium of expression of the board's point of view to the operating personnel and in turn be competent to interpret the demands of service and desires of the personnel to the board;
- Be an executive, able to plan and direct the activities of others;
- Have a professional point of view;
- Possess a mechanical sense;
- Have a financial sense;
- Have a fairly thorough knowledge of at least the major items that are purchased;
- Have a degree of social understanding.

Contemplating this assessment, many of today's health care administrators might conclude that the qualifications for the past have not changed in the last seventy years, even as the scope of their responsibilities has extended far beyond the acute care hospital itself.

With the onset of the Great Depression in the 1930s, new challenges arose. The financial solvency of the hospital industry came into question; so did its mission to serve the public, as more and more people could not afford hospital care. Private as well as limited public insurance strategies began to emerge to help cover the cost of hospital care for those unable to pay out of pocket. In 1935, Congress passed Title V of the Social Security Act, providing grants-in-aid to the states to support maternal and child health, child welfare, and the care of crippled children.

Postwar Transformation: Medicare and Medicaid

By the end of World War II, such advances in medicine and technology as the discovery and development of anesthesia, aseptic surgery, insulin, and antibiotics had begun to shape the modern role and size of the health care industry (Renn, 1987). In 1946, the federal government recognized the need to improve the distribution of care. To encourage the development of the nation's hospital network, Congress passed the Hill-Burton legislation to fund a hospital building program. This program's massive infusion of federal and state government funding helped to add over 400,000 hospital beds between the late 1940s and the early 1970s (Renn, 1987).

In the 1960s, the cost of care had risen in proportion to incomes to such an extent that elderly and poor people were being deprived of hospital care. In response to that crisis, Congress established the Medicare and Medicaid programs to ensure care for, respectively, the elderly and the poor. Enacted in 1965 and taking effect in 1967, these programs have helped the aged and the poor handle the direct costs of medical care, and thus have increased their access to medical services and their use of them (Lave and Silverman, 1983; Christensen, Long, and Rodgers, 1987). Medicare was established

under Title XVIII of the Social Security Act, and Medicaid under Title XIV.

Medicare expanded in costly directions during the 1970s. The program had been designed to provide the elderly with insurance for health care and physician services, because so many of them lived on low, fixed incomes and were denied private health insurance or shut out by high premiums on the grounds of their greater risk of expensive care. The first major extension of the program, one year after it began, had added coverage of skilled nursing home care. Then, in 1972, Congress added Medicare coverage for disabled individuals and those with end-stage renal disease (ESRD) in the general population. Those worthwhile extensions greatly increased Medicare's costs, helping to place it among the most costly federal programs. According to the Health Care Financing Administration (1983), Medicare Trust funds could be exhausted early in the 21st century. Congress is now trying to avert such insolvency.

Medicaid is a health care program for the poor. It is supported only partly by Federal money, with the states controlling the remaining funding. States have latitude to decide which benefits to provide and what eligibility requirements to set. Medicaid has made enormous strides in narrowing the difference in access to care between the poor and all others. But, after growing rapidly in the 1970s, Medicaid's health care coverage has now been contracting for a decade. As state tax revenues declined and recent federal administrations shifted the costs for many social programs to state budgets, state governments have found themselves in a moral quandary—responding to voter pressures to restrict budgets, but also facing their accountability for the health care of their poor citizens.

For many Medicaid beneficiaries, benefits have been reduced, and the poor also are asked to pay more costs. The states' current retrenchment in Medicaid coverage is bound to reduce poor families' use of health care as they are left to face its high costs.

Issues of the Last Two Decades

By the 1980s, the post-World War II rise in the cost of hospital care had become so dramatic that health care policy turned to ways to restrain it. Moreover, as noted above, equal access to care had also emerged as an urgent issue, and was joined in the 1980s to the issue of improving the delivery of health care.

Thus, by the 1990s, two fundamental challenges to health care administration were clear: how to reduce the costs of providing health care services (efficiency); and how to meet the responsibility for our society to achieve equally available and affordable, high quality care. Increasingly, the nature of the balance that private facilities and government programs strike between the quality of care and cost efficiency has drawn public attention.

The pursuit of cost efficiency has generated many strategies. Integrated delivery services are common, as is increased vertical integration. Most strikingly, the delivery of health care has been re-engineered, with managed care penetrating every area of care—both for-profit and government-supported. Health maintenance organizations and preferred provider organizations are becoming familiar terms—and familiar experiences for corporate employees and Medicare beneficiaries. Within the innovative structures, preventive care in particular has gained attention as a means of reducing cost.

There has been some movement in the 1990s to acknowledge the need for broadening health care's availability. One commentator notes a "broadened focus on the determinants of health and a shift away from thinking about health care for individuals, towards an understanding of health for entire populations" (Richardson and Schneller, 1997)—a trend termed "community benefit orientation." In 1993 and 1994, the Clinton administration tried to enact "managed competition" as a means of universal health care, but failed. However, other legislation: the Health Insurance Portability and

Accountability Act of 1996 and the 1997 State Children's Health Insurance Program moved our nation somewhat closer to ensuring that all its members obtain the health care they need.

As these five decades of change have passed, hospital administration, known today as health services administration, has had to shift focus. Advances in medical technology and efforts to increase access to health care, as well as the emergence of new financing tactics, are among the many factors that have influenced the development of programs in health services administration education and their training of health care executives. Educational programs have evolved dramatically, from turning out *hospital* administrators to training executives who can step into responsibilities in long-term care facilities, consulting firms, managed care systems, health insurance, physician practices, and medical supplier companies. And that dynamic evolution continues, turning now to the challenge of teaching executives to deal with the numerous changes going on in health care.

Insight from Interviews

For this history, we sought the insights available from the voices of experience about the last half-century of change in the field of health care and health care administration education. Members of four groups graciously consented to be interviewed for this volume. They are: members of the faculty of the Department of Health Administration at Virginia Commonwealth University, chairpersons of top MHA programs in the United States, recruitment officers, and VCU's MHA alumni who hold health care executive positions.

Comments by the Present Faculty of the Department of Health Administration at Virginia Commonwealth University

The faculty members interviewed for this volume concurred on several key points about the history of the period, and also discussed

the perspectives of their own areas of expertise. Overall, they saw the last five decades as comprising four periods according to major trends. In the 1940s and 1950s, federal legislation, particularly the Hill-Burton Act for hospital construction and expansion, helped to fund many hospitals. In the 1960s and 1970s, as costs for health care grew, private insurance plans and Medicare and Medicaid, the two public insurance programs, assumed major roles as third party payers. That trend led to the next one: the third party payers introduced DRGS to control costs. Lastly, in the 1990s we continue to struggle with constant change and uncertainty, with the salient outcomes not yet predictable.

Kenneth White identified some key areas of change that require attention in order to understand the current health industry. In his view, it is the accumulated changes during the last five decades in technology, cures, accountability, financing, risk sharing and access to care that have shaped the industry.

Certainly, technology has changed every aspect of the health care system. Clinical tests are faster and more extensive; communication is better; and more care is provided from fewer resources. Ramesh Shukla pointed out that in the 1940s less than one percent of hospitals had computers. Today almost every room in every hospital has a microchip of some sort. Yasar Ozcan made another point about technological change—that it has pulled people out of the hospitals. Furthermore, the possibilities for achieving cures have been enhanced by greater technology. At the same time, new methods of research organized around new equipment and the availability of major data collection systems have generated information that enables doctors to heal more patients.

In recent decades, the industry has come under more regulation, in more forms. Providers are accountable to regulators in government programs, and consumer groups have become more sophisticated about monitoring health care

Faculty Members Interviewed

Thomas C. Barker, Ph.D.

Emeritus Professor—health policy, long-term care, and ethics in health care

Dolores G. Clement, Dr. P.H.

Associate Professor—health care policy, information management for complex health care organizations, and international health care

Jan P. Clement, Ph.D.

Associate Professor and Director, Graduate Programs—health care finance

Richard C. Kraus, M.H.A.

Executive in Residence—hospital administration

Roice D. Luke, Ph.D.

Professor and Director of the Williamson Institute—strategic management and health care policy

Yasar A. Ozcan, Ph.D.

Associate Professor—mathematical modeling applications in health care and information systems

Louis F. Rossiter, Ph.D.

Professor—competition and the financing and delivery of health care

Ramesh K. Shukla, Ph.D.

Professor—manpower utilization and productivity, and hospital information systems

Karen N. Swisher, J.D.

Associate Professor and Associate Director, Williamson Institute—medical law and bioethics

Kenneth R. White, Ph.D.

Assistant Professor and Associate Director, Graduate Programs—organizational theory and design, and strategic direction of the nursing profession

She also pointed out that the 1990s have brought increased legal attention to integration among health providers.

Finance is one of the areas of greatest concern today, and in fact has always been in the forefront of health care planning. Notice how the four trends identified in the faculty interviews all are embedded in this important administrative area. The first trend—federal funding of hospital construction—bolstered the initial investments in building a health system infrastructure. The second—growth of private and public insurance—financed the care of populations newly entered into the health care market. The third development—DRGs—responded to pressures to curb the hyperinflation in the health care industry. And today, financial considerations drive the strategies of each merging firm, each budding managed care organization, and each struggling insurance provider.

An increasingly powerful factor that our faculty members noted in the health care industry is the awareness of risk sharing. Now that insurance companies have gained the central role in health care, the issue of risk allocation confronts not only managed care systems, but also physician practice groups and other health services providers. Today, the risk averse may have more difficulty functioning in the health industry.

Many of the faculty members interviewed discussed access to care. Inequities in access are a problem that has drawn attention for a long time and was a major reason for the creation of Medicare and Medicaid. Dolores Clement pointed out that employers also helped to broaden access to care, by funding employee health insurance. Each presidential administration in recent years has made at least some effort in the direction of ensuring health care for all citizens, as European nations do. The most recent attempt was President Bill Clinton's full-scale effort to enact a national health plan. The greatest challenge has always been to devise a politically acceptable plan for financ-

professionals' practices. In our increasingly litigious society, malpractice suits have reshaped doctors' outlook on treating patients. Administrators, meanwhile, have had to ensure that their methods of business fall into line with what is expected by the shareholders of for-profit facilities. Lately such expectation has risen and been more noticeably enforced. Karen Swisher noted that physicians, too, are becoming more business-oriented as their relationships with patients, administrators, and the public change.

ing the increased access to care.

The faculty members agreed that changes in the industry have shifted the focus of the educational programs for health care executives. An obvious change, reflecting other, more substantive ones, is that program titles have dropped the word "hospital." The Health Services Administration degree at Virginia Commonwealth University now trains students to step into executive positions in many different areas of the health care industry.

The faculty noted the particularly significant changes in the programs—to begin with, simply the great increase in the number of accredited programs. The composition of the group enrolling in health administration programs has changed, with an influx of clinicians who want to acquire management skills—for example, in information systems. Such classes have become essential to health executives' education. Thomas Barker pointed out that the composition of the faculty also has changed. Early teachers were also administrators, practicing in the field. The present research faculty often are independent of the practice of administration. The course materials require more analytical effort; for example, learning to analyze law, rather than memorizing the statutes and relations, has become more important. Jan Clement explained how financial management training, too, has become much more complex, shifting from simply understanding Medicare forms to the skills for making major financial internal and external decisions.

In each interview, the last question turned the faculty members' thoughts toward the future. Louis Rossiter and Roice Luke, noting that health administration education programs have always followed the paths taken by the industry, remarked that therefore change and improvement will always be needed. Richard Kraus put it that "the machine is up and running. Now we need to fine tune it." Asked what changes should be made to the program now and in the near future, faculty members compiled this "to do" list:

- Concentrate on leadership skills, sparking a desire in each student to create a vision wherever he or she is employed.
- Stress that change is inevitable and that students should learn to handle the state of mind it produces.
- Give students the capability to manage diversity among staff and among patients constructively.
- Emphasize the area of human resources more, especially the skills needed in interpersonal relationships.
- Teach more skills in technology assessment so students can not only use current systems, but also "self-learn" new ones.
- Allow for more education in management issues, contract law, negotiation, and legal strategy.
- Strengthen students' ability to use analytical tools in managerial decisions.
- Continue the residency program, placing students in locations that fit their preferred future careers.
- Use synergy with programs such as the Executive Master's Program to give less experienced students a chance to explore non-academic careers.

Comments from Thirteen Chairpersons/ Directors of Departments of Health Administration, Nationwide

To survey nationwide opinions about trends and needs in the education of health administration professionals, interviews were conducted with thirteen chairpersons/directors of top Health Administration Departments around the country. Their comments on the changing trends closely matched those of the VCU faculty. Many were struck by the profound transformation of the role of an administrator in the health care field.

"It used to be when you were a hospital administrator that you had to pay attention to simple billing and collection, personnel, and plant and equipment issues, which was very

Chairpersons/Program Directors Interviewed

James Hepner, Ph.D.

Washington University

George Johnson, Ph.D.

University of Minnesota

Kerry Kilpatrick, Ph.D.

University of North Carolina, at Chapel Hill

John Griffith, Ph.D.

University of Michigan

Robert Hernandez, Ph.D.

University of Alabama

Stephen Loeb, Ph.D.

Ohio State University

Laura Morlock, Ph.D.

Johns Hopkins University

Mark Pauly, Ph.D.

University of Pennsylvania

Mary Richardson, Ph.D.

University of Washington

Thomas Rundall, Ph.D.

University of California-Berkeley

Joel Shalowitz, M.D.

Northwestern University

Thomas T.H. Wan, Ph.D.

Virginia Commonwealth University

William Weissert, Ph.D.

University of Michigan

easy," said Joel Shalowitz. That was a time of shallow technology, minimal financial worry, and an "unsophisticated delivery industry of small community organizations," said Kerry Kilpatrick. Administrators were forging forward on their own, gaining most of their education from hands-on work in the field—with luck, helped by a mentor.

Times have changed. George Johnson pointed out, "Our graduates need to be prepared for a very changing world . . . where they may have six, seven, or eight careers over their lives."

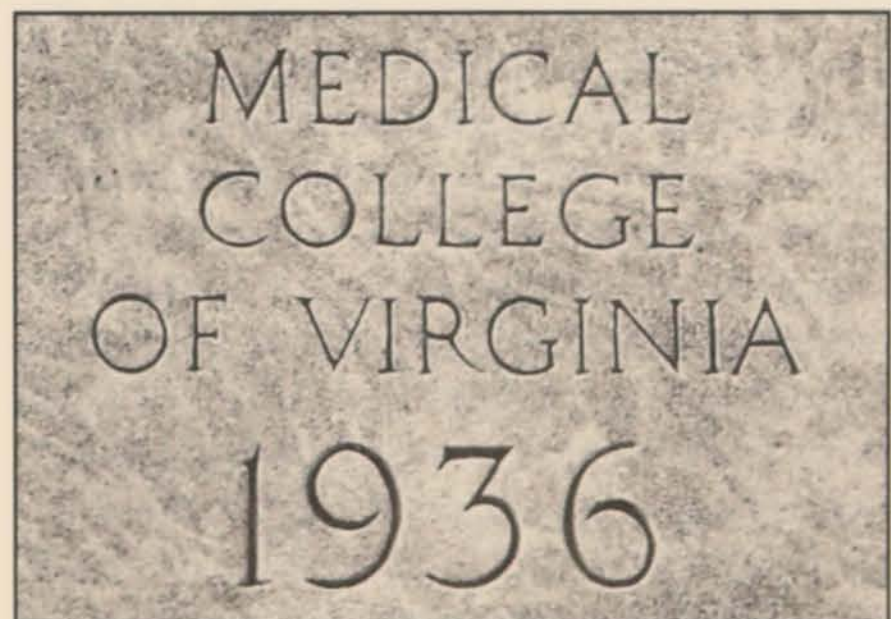
Every chairperson remarked on the great shift among the graduating students away from

jobs in hospitals and toward other types of health care employers. Like the VCU faculty members, they noted the consequent importance of teaching a broader range of skills, rather than preparing students only for hospital administration. They noted, too, that other industry changes have caused educational programs to move into new areas. Each interviewee had an eye for future change.

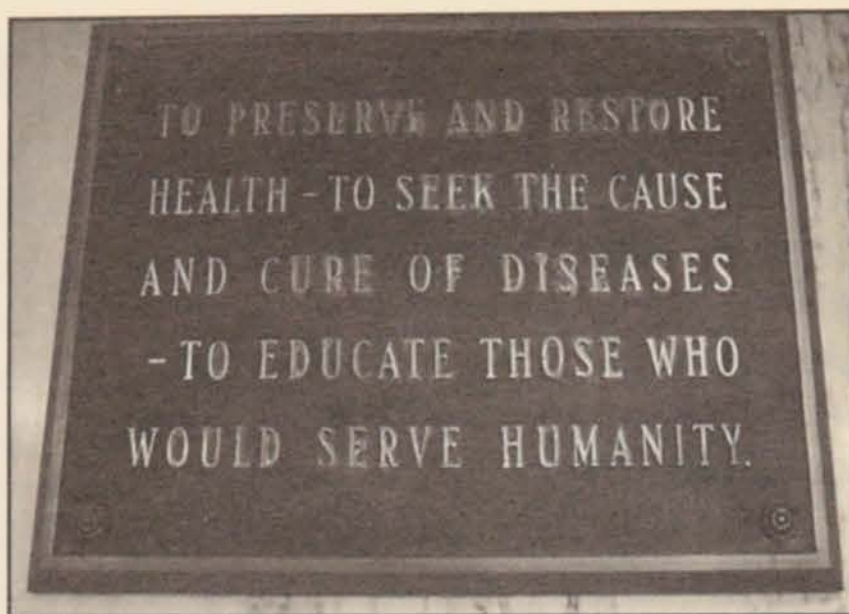
"There are a number of things that I think we can do. And I think we must do them, frankly. We don't have a choice," Stephen Loeb said. He specified that MHA programs "must represent the MHA degree as the degree of choice for people that want to pursue careers in health management/health policy at the master's level." William Weissert agreed and went on to stress that, already, MHA program expenses are rising while revenues are falling. Other departments and disciplines such as economics, public policy, and law are beginning to take students away from the traditional MHA programs.

Recommendations

What can be done to make an MHA program stronger? With regard to changes in program content, those interviewees consistently suggested more leadership training. James Hepner asked, "Where have all the leaders gone?" He noted that many health leaders had



Cornerstone of the West Hospital



Mission Statement of the MCV Hospital

been officers in the military. Now graduates usually have an academic background, and that training must take on the responsibility of teaching them how to create a vision for the organizations that they will lead.

An improved understanding of the dynamics of corporate finance was also urged. Thomas Rundall called attention to the watershed change in the distribution of financial risk across providers. He also predicted that the consolidation of the industry seen in many recent acquisitions and mergers will continue. Rundall was convinced that students should know how to make deals and about the implications of deals.

Laura Morlock expressed an interest in "helping strengthen the health management educational infrastructure around the world"; at Johns Hopkins, the department is looking more into international connections—for good reason, as health systems become more global. Mary Richardson pointed out that international opportunities for education exist now and will continue to grow because of faster and cheaper information technology. She stated, "I think that the nature of educational product, packaging, and delivery is going to change dramatically and that's the way we're going to do health care administration education." She felt that smaller educational systems in the United States will offer professors nationwide the opportunity to teach overseas, while still holding their current

academic positions.

Kerry Kilpatrick raised a different issue—the loss of the "fundamental, personal drive of wanting to serve our fellow person." That recognition may lie behind other chairpersons' statements that a heavier emphasis on professional ethics is much needed.

Giving students analytical skills was the overriding strategic recommendation. Mark Pauly said, "We really try, sometimes with resistance, to train our students to be analytical problem solvers rather than vessels into which we pour detailed institutional knowledge." Similarly, Thomas Rundall said, "We have emphasized in our coursework tools and concepts that students need to be able to analyze the environment in which health services are delivered." Thomas T.H. Wan, too, stressed that analytical skills are critical in the changing health care industry. He also stated that the next generation of leaders will rely on computer technologies and information systems to make strategic decisions. His further point was that the faculty have responsibilities to generate, through research, the knowledge that is needed to establish evidence-based management protocols.

"I think we have to be an increasingly discipline-based operation where what we add is a forum in which the disciplines can come together around a problem," said William Weissert. Many of the interviewees believe that the MHA market will shrink as other disciplines incorporate health care issues into their curriculum. Robert Hernandez said, "It's the programs that don't have a diverse body of faculty . . . that would have great difficulty." To compete, MHA programs need to hire faculty members who are "powerhouses" in their disciplines.

In the Andrew Pattullo Lecture held at the 1998 annual meeting of the Association of University Programs in Health Administration (AUPHA), Professor Jon R. Griffith, Andrew Pattullo Collegiate Professor, School of Public Health, University of Michigan, stated that "the leading health care organizations are demon-

strating how to satisfy customers, improve quality of care, and meet cost goals simultaneously. These organizations are setting the benchmarks and best practices, for the 21st century.” He cited four points that appear to be reliable guideposts for the future: 1) the new forms of risk-sharing finance, 2) the dominance of preferred provider plans and point of service in managed care, 3) the continuing growth of the health care economy, and 4) the new philosophy of medical



The Medical College of Virginia Campus

care in terms of customer responsiveness, integration and continuity, evidence-based selection of treatment, and better management. He went on to relate the challenges for health administration education from those developments—in particular, from evidence-based choice and benchmark measurement: “Education must move to continuous improvement and balanced scorecard measurement for its own activities. We must not only teach these principles, but also demonstrate them in the students’ and our lives. We must measure and benchmark the contribution of professional education.”

The points made by the department chairpersons elsewhere can be summarized:

- Recognize the importance of leadership training: giving students skills in group dynamics, teams, and organizational behavior.
- Influence students to value serving the community equally with pursuing financial status as a business. Patient and customer sat-

isfaction should be central.

- Train students to think analytically, not simply become encyclopedias of past information.
- Educate students about the complexities in corporate finance that have arisen from new health organizational structures.
- Bring international issues into the curriculum, because the health care industry, like everything else, is becoming more global.
- Hire faculty from the separate disciplines. For instance, hire an economist to teach “Health Care Economics,” and hire a sociologist to teach “Organizational Behavior.”
- Work openly with other departments to take advantage of their concentrated knowledge in their fields.
- Establish a basic backbone of courses and then provide opportunities for students to specialize.

Comments from Those Recruiting in the Field

As the Department continues to pursue excellence in its mission of preparing graduates for positions in a health care industry undergoing wild changes, the counsel of current administrators who evaluate and hire applicants in the field is particularly valuable. Several recruitment officers graciously agreed to contribute their views of the field and of the qualities that will be sought in applicants for administrative positions during the next few years.

All those interviewed agreed that it is the overwhelming force of the changes in the health care field that now shapes the criteria for its administrators and executives. The major changes that the group noted were technology’s explosive growth and the concomitantly soaring costs; the increases in for-profit health care organizations, price competition, and the pressures of corporate consolidation; and the recently achieved predominance of managed care and DRG-based compensation. Lee Nelson (Columbia/HCA) noted, as well, the trend to-

Recruitment Officers Interviewed

Diane Barowsky

Partner, LAI Ward Howell

Janet Lynch, Ph.D.

Director, Quality Improvement Projects, Virginia Health Quality Center

Lee Nelson

Strategic Staffing Manager, Columbia/HCA

Diane Petersen

President, D. Petersen & Associates

Larry Tyler

CEO, Tyler & Company

ward litigation.

Janet Lynch (Virginia Health Quality Center) predicted an increasing focus on the quality of care in managed care. Along with that focus may come more attention to the ethics—or lack thereof—in delivering health care. On that point, Lee Nelson's comment was, "we certainly want people with high ethical standards." Diane Barowsky (LAI Ward Howell) said, "I maintain that in a difficult decision about resources, if you can focus back to what is best for the patient, you'll make the right decision."

Barowsky cited other changes that administrators must deal with: the shift to serving patients with outpatient rather than hospital care; the rising need for geriatric health care; and consumers' greater access to information on health care, which makes them more capable of asserting their own insights about their care. At the same time, however, as Diane Petersen (Petersen & Associates) pointed out, the shifts in decision-making roles have put for-profit and governmental insurers in control of pricing and sometimes of access to care.

Recruitment Officers' Current Criteria for Health Care Executives

Considering all these changes, Lee Taylor (Columbia/HCA) asserted, "You can't operate

a health care organization without understanding that it must be operated in a business-like manner . . . understand business in general, and health care specifically." Larry Tyler (Tyler & Company) concurred: "Administrators now have to almost be a chief financial officer themselves: they have to understand financial statements and . . . the financial ramifications of the decisions they make." On that point, Diane Barowsky cited the importance of a CEO's ability to "pick a strong CFO—and . . . [then] not let that CFO snow you."

The group stressed a qualification for administrators found to be almost as important as financial savvy in riding the waves of change—skillful communication. To handle board members, physicians, and a range of stockholders, including patients, as structural changes confront everyone, that skill is essential. Larry Tyler stressed the ability to exploit new communication technologies, and also a strong negotiating ability.

All agreed that they look for the creativity, flexibility, and "emotional intelligence" (Peterson) that produce leadership. Diane Peterson said that the focus has shifted from "maintainers of systems" to "leadership, . . . the greatest need these days. It is hard to teach. . . . [T]o take people and keep up their morale . . . and commitment through enormous changes." She asserted the need for "leaders with great integrity" because "there are more ethical violations these days." Lee Nelson, who agreed with the need to foster leadership, added that abilities in teamwork and effective delegating also are needed.

Recruitment Officers' Views of the Department's Graduates and Its Future Direction

Diane Barowsky: "I can tell you that a degree from VCU is very attractive to a recruiter. . . . VCU has done a much better job at preparing graduates for the real world than a lot of other MHA programs."

Janet Lynch (Ph.D.'88): "The Department of Health Administration should respond [to the trends described] by increasing its emphasis on



Janet Lynch

outcomes research and management, [and] the skills needed to lead multidisciplinary teams in research on quality."

Lee Nelson: "VCU's grads are right up there with any of the top programs we look at. . . . Certainly having VCU on a resume gets initial atten-

tion. . . . We have a long history with VCU and feel very good about the program."

Diane Peterson: "Being able to lead through change . . . leadership with . . . integrity" is what must be fostered in the education of health administrators.

Larry Tyler: "I would put VCU really in the cream of the cream. . . . It is extremely important to maintain an alumni group . . . strong and supportive of the program." Tyler feels that those training to be health care administrators should learn communication skills using the new technologies, financial astuteness, how to build positive relations with physicians, negotiation skills, a results orientation, and leadership as contrasted to management.

Comments from Alumni Leaders in the Health Care Industry

The comments of the Department's alumni who are now leading administrators in the health care industry contribute the unique authority of first-hand experience to our conclusions about the future for health administration education.

This section summarizes the review of the changing industry by these health care executives, drawing on their unique experiences and their projections of the future needs in graduate training.

Alumni Interviewed

David Bernd (MHA '73)

President & CEO
Sentara Health Systems

Jane Crowley (MHA '84)

CEO, Bon Secours
Baltimore Health Corporation

James Dalton (MHA '66)

President & CEO
Quorum Health Group, Inc.

George Dawson (MHA '75)

President
Centra Health, Inc.

Frank DeMarco (MHA '75)

President, Columbia/HCA
Carolinas Division

Sister Patricia Eck (MHA '81)

Chair, Board of Directors
Bon Secours Health Systems, Inc.

Charles Ewell (MHA '64)

Chair
The Governance Institute

Jeffrey Holland (MHA '76)

CEO, Columbia
West Houston Medical Center

Charles Keaton (MSHA '90)

President, Atlanta Market
Columbia/HCA

Howard Kern (MHA '81)

Executive Vice President
Sentara Health Systems

James Perkins (MHA '79)

President & CEO
Orthopedic Health Systems

John Simpson (MHA '59)

Regional Vice President
Bon Secours Richmond Health System

Timothy Stack (MHA '77)

President & CEO
Borgess Health Alliance

Denise Williams (MHA '77)

President and CEO
Memorial Hospital of Salem County



David Bernd



Jane Crowley



James Dalton



George Dawson



Frank DeMarco



Sister Patricia Eck



Dr. Charles Ewell



Jeffrey Holland



Charles Keaton



Howard Kern



James Perkins



John Simpson



Timothy Stack



Denise Williams

"We have seen the health care industry in the last decade or so becoming more like a true market-based, rough and tumble, American, democratic, capitalism economy . . . having to operate like other businesses that have to worry about supply and demand," according to Charles Ewell. David Bernd's and Howard Kern's compact list of the changes included: changes in

physicians' roles, growth of managed care, more effective clinical care, the aging of America, consolidation of the industry, and the rise of for-profit health care.

Two of the interview questions were unique for this group. One asked about the caliber of the graduates who have been entering the industry. Timothy Stack said they are younger and

smarter, but less experienced. James Perkins agreed; he pointed out that students are moving from undergraduate degrees into master's programs right away. That is why their resumes tend to be light on job experience.

The other question unique for this group asked about the shortcomings they were aware of among current administrators. James Dalton gave three main reasons for new administrators failing. Lack of personal integrity was the first reason he gave. He said, "I personally believe that I've seen less evidence of the traditional professional commitments to the values of the system, to the health of the customer." The second reason was a breakdown in the work ethic. The last was administrators' inability to prioritize. Mr. Dalton deplored health executives' frequent indifference to the mission of helping the community. He said that health industry executives should be reminded of the oaths that they took about meeting their social responsibility.

Program Recommendations by Alumni Executives

The alumni executives also were asked to specify the changes they would like to see in the master's programs. One point they made was that just as students often lack job experience, they also lack professional interpersonal skills. Sister Patricia Eck said, "One of the challenges, I think, for health care is to learn how to be a member of a group and not always lead it, how to collaborate, how to be one of many." Administrators coordinate many aspects of a health organization, including human resources. They work with other, low-to-high-level managers, with doctors and nurses, with patients, and with a board of directors. Charles Ewell, on this final point, said that it is especially important for administrators to have a good "relationship with the people who can hire and fire them on the boards of directors." Perhaps programs should provide instruction in managing board relationships.

"Today, the industry is moving like a runaway train on a collision course with the profane" (John Leifer, 1998)—a summary of the dissolution of ethics in the health care industry, referred to by James Dalton. James Perkins drew the conclusion that in health administration education "there is an ethics piece, almost a social responsibility that I've seen needs to be addressed more and more." Training students to have a sound ethical orientation may be the first step in moving the field back toward more socially responsible behavior.

"Another area to help prepare students is cultural competency in the area of diversity," said Sister Patricia Eck. This point joins with the point about the need for interpersonal skills. It deserves its own emphasis, however, because of its growing importance as our society becomes more global every day. Health systems' communities, even within the nation, will consist of many smaller communities. Executives need to be able to interact with the customs and value systems held by each culture.

Another aspect of globalization is the increasing reliance on technology. "The use of information technology will be important," Charles Ewell stressed. Even apart from medical equipment, our society has come to rely on great technological advances. It is of key importance that executives understand how to use information technologies, to handle data analysis, and to use graphic software for presentations.

The executives noted that the increasing competition among health providers has given more power to consumers. Howard Kern said, "The marketplace is going to be more consumer and customer driven. Price and value are going to be tied together and the consumer is going to have a lot more to say about it." That pressure from patients should help to remind health providers to "recreate and resurrect the fact that we're about caring for people and helping them to a better place in their own development toward wellness," said Sister Patricia Eck. Making students aware of the ways in which the

health care market is now consumer driven will help as they enter the changing industry.

"If you have the right people, doing the right thing, then they will be successful, and the organization will be successful," said Jeffery Holland. Some alumni felt that students should be carefully screened before allowing them to embark on graduate programs in health care. David Bernd said, "I think you need to screen your students so that you know you are getting full caliber students." As to how to do so, the alumni had only a few suggestions, including the importance of interviews. Programs might also use tests intended to measure leadership qualities and an applicant's drive to achieve and be a success.

"Break out of the silos of education," urged George Dawson. He thinks that "there's too little interaction between doctors and administrators and nurses during the training period." Mr. Dawson said he has met doctors and nurses only years after he graduated from the MHA program who had been in the building next door. Encouraging interaction between students of differing medical professions broadens their professional networks and fosters favorable relationships in their future work.

Should an MHA program include a "residency"? Almost every alumnus said yes. Frank DeMarco pointed out what valuable knowledge and experience the residency gives younger students. Howard Kern felt that "we need fellows coming out that are a little bit more sophisticated as to what is going on in the industry." Instead of only seeing textbook examples, students can interact with "the real thing" in a residency. Moreover, often it can lead to a position in that health care organization.

Students should be prepared for a diverse and dynamic industry. "I think it's important to bring professors in from around the country so that we don't see one viewpoint, one way of looking at things. We need to maintain a diversity of opinion and ideas of how to do things," said Charles Keaton. He believes that programs

should be receptive to the opinions of faculty and students about their offerings. That awareness can help, as Frank DeMarco said, "to expand the graduate educational offering to deal with all of the different settings that exist." For instance, Denise Williams believes that "it is good to have basic training in quality care and patient care, but you also need some relationship to the managed care environment, risk-sharing, and capitation."

In particular, mergers, acquisitions, and other forms of integration are recounted in newspapers and journals every day. For the reader, those may be just more news articles, but for those involved the event can be pretty complex. John Simpson stressed how important an executive's solid negotiation skills are. Similarly, Sister Patricia Eck believes that "the ability to understand needs and capacities and then be willing to partner with people is critical for us today and into the future." Executives involved in mergers or acquisitions must fit together different organizations, cultures, and processes. Without skills in this area, they can find themselves working a jigsaw puzzle blindfolded.

Many alumni executives are concerned about working effectively with physicians as health care structures change. "We need to challenge ourselves to provide non-clinicians with some greater ability to understand the clinical environment," stated Jane Crowley. "The real challenge that we have as a health care network is how we get the physicians involved in a meaningful way," John Simpson said. Jeffery Holland also pointed out that "to understand the physician better is critical." How does one bring independent physicians into a health system? Will physicians lose their autonomy as managed care plans become their only sources of income? A partial solution to these dilemmas can emerge if executives form better relationships with doctors, as Simpson and Holland urge.

Another way to use physicians' knowledge is to encourage some to train as administrators. "I think you need to get into the education of

physicians,” said John Simpson. George Dawson believes it may even be “easier to start with a physician who has the clinical knowledge base and teach him/her the data skills, than it is to take an accomplished person in the information field and try to teach them to understand the clinical skills.” Physician administrators may do better at bridging the business/management area and the patient care area.

The constructive comments and directions for enhancing programs made by these executives can be summarized:

- Develop interpersonal skills more—for instance, how to interact with members of diverse groups, as well as with a board of directors. Don’t overlook the skill of functioning as a team member as well as a leader.
- Stress the ethics of health care. The responsibility is to further the health of the community, not just the stockholders’ profits. Key words mentioned were “social responsibility,” “community sensibility,” “ethical orientation,” and “value systems.”
- In a conjunction of social responsibility and marketing savvy, shift students’ focus to choosing what is good for the buyer, instead of for the supplier. In other words, get back to focusing on the patients’ needs and on accountability.
- Make students competent in handling cultural diversity.
- Improve students’ skills in information management and their understanding of information technology development.
- Perhaps construct a screening process that will allow only those best suited for managing health care into the educational programs. The most sought traits specified in the interviews were strong interpersonal and leadership skills. Other comments implied that sturdy personal ethics might also be a criterion.
- “Break out of the silos of education.” Form a greater bond between the medical students and the administrative students. Smoother

professional operations are more likely if students can get an early impression of how to work together.

- Keep the residency, and continue to expand the areas of entry for the students.
- Maintain a diverse faculty in order to allow for a very open-minded program. Be open to student suggestions.
- Take advantage of the alumni base, inviting them to speak to classes and provide opportunities for students.
- Ensure that students acquire the strong negotiation skills needed to handle the integration of health networks. Such skills also will help administrators to work successfully with physicians.
- Prepare to teach more physicians about management. The alumni interviews indicate that physicians are likely to step into many administrative positions.

Conclusion

Although the original notion for this chapter was to characterize the past fifty years of health care and education for health care administrators, our interviews with faculty, department chairpersons of the top ten programs, and alumni made it clear that health systems are still evolving, and that our focus must move on from the past. To prepare for the future is our challenge. In doing so, students, faculty, and administrators must use their range of skills to shape the health care industry in ways that allow new technologies and innovative organizational structures to serve the well-being of the global community.

Paul Ginsburg, President of the Center for Studying Health System Change, writes, “There is real potential that advances in science and information technology will dramatically change the nature of care and how that care is delivered” (Ginsburg 1997). Because information technology has been and will continue to be a leading catalyst, students—and alumni,

as well—should continue to sharpen their skills in that area. Students also should give more attention to the art of managing human resources. Most fundamentally important, students must develop strong analytical skills. It is those skills that enable executives to accept the only thing we can count on happening—change (Wan, 1995).

Alumni are a valuable resource for any program. A case in point is this chapter, which would not have been as useful without the contributions from the alumni. Often, alumni are pleased with their alma mater and eager to support its work. Timothy Stack said, “I think that VCU gave me a great window of opportunity. It has given me an open opportunity to be successful and not only to have the educational base, but to be able to do that in the environment [i.e. the residency] is wonderful.” Mr. Stack urged the faculty to invite alumni back to speak in their classes. Offering their current knowledge in the field gives students an awareness of “the cutting edge.”

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2. A Firm Foundation Is Laid—1949–1969¹

The New Arrival at the Medical College of Virginia

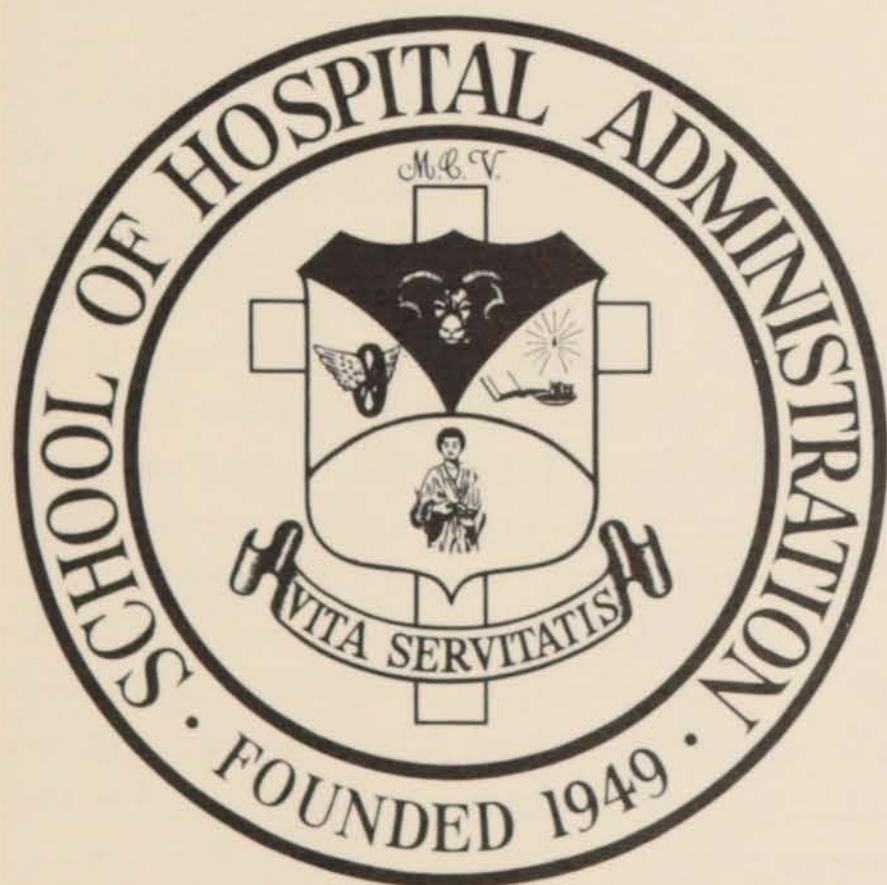
Attended by Charles P. Caldwell, Jr., Director of the Hospital Division at the Medical College of Virginia (MCV), who in turn was sustained by the President of the Medical College, Dr. William T. Sanger, the Medical School of Virginia's School of Hospital Administration was born on January 2, 1950. The newborn school was placed under the capable care of A.

Gibson Howell, its first director.

Looking fifty years back to the genesis of the School (now Department) of Health Administration evokes an era when the great changes in health care delivery were just beginning. Here in Virginia, a few perceptive and vigorous leaders responded eagerly to the prospects.

Virginia's Leaders Rise to the Occasion

The Hill-Burton Act of 1946, offering federal funding for hospital expansion, focused attention on the need for professionally trained hospital administrators. At that time (1947–1948), A. Gibson Howell was the president of the Virginia Hospital Association; under his leadership the Association endorsed the idea of establishing a course in hospital administration in one of the state's teaching hospitals. A few months later, the director of the Medical College of Virginia's Hospital Division, Charles P. Caldwell, Jr., who was acutely aware of the new demands being made on hospital executives in the new era of expansion, sought action. He was encouraged to do so by a member of the MCV Board of Visitors, Dr. John Bell Williams, who was also the Director of St. Luke's Hospital, in Richmond. In an October 1949 memo to President William T. Sanger, Caldwell requested that the Medical College undertake additional courses in hospital administration and provide



¹ This chapter is largely drawn from the account by Robert Smith Hudgens in the *Scarab*, November, 1958.

the necessary faculty. President Sanger fully supported Cardwell's initiative.

The Hospital Administration Program was offered for the first time at MCV in the 1949–1950 catalogue. The courses listed were:

Introduction to Medical Services
Hospital Organization and Management
History of Medicine, Medical Terminology and Ethics
Accounting, Hospital Business Law and Statistics
Community Agencies and Public Health
Personnel Management and Public Relations
Health and Medical Aspects of Current Social Problems
Introduction to Hospital Services Seminar

On October 1, 1949, A. Gibson Howell, who was the administrator of the Radford Memorial Hospital in Franklin, Virginia, resigned that post in order to become the part-time director of the new program in hospital administration at MCV, and to assume the duties of an Associate Professor there.

At the time of Gibson's appointment, the Board of Visitors also appointed Charles P. Cardwell, Director of the Hospital Division of MCV, to be Professor of Hospital Administration; and Carl C. Parrish, Assistant Director of the Hospital Division, to be Assistant Professor of Hospital Administration. Charles P. Cardwell taught Introduction to Hospital Service and Seminar. A. Gibson Howell taught Hospital Organization and Management. Carl C. Parrish taught History of Medicine, Medical Terminology and Ethics.

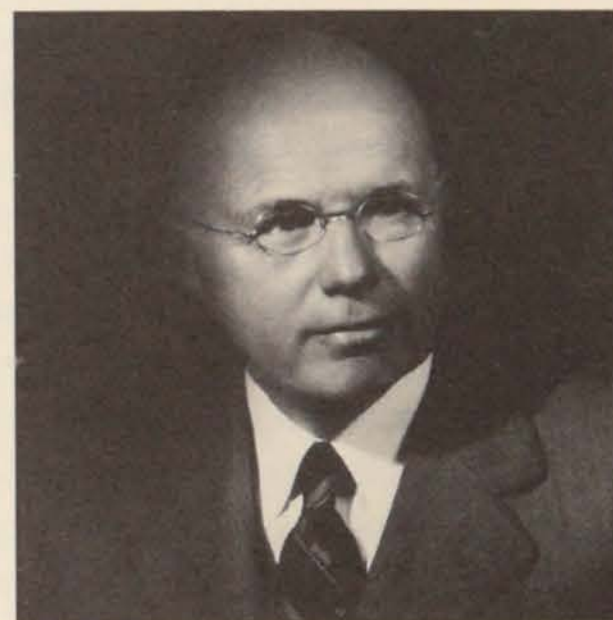
Others recruited to teach in the new program, and their subjects, were:

Dr. Myra Williams
Associate Professor of Science
Introduction to Medical Sciences
Dr. Geoffrey T. Mann
Assistant Professor of Legal Medicine
Accounting, Hospital Business Law, Statistics

Harris Hart, Director of the State Personnel Department
Personnel Management and Public Relations

Dr. William T. Sanger, President of the Medical College of Virginia, and Ronald Almack, Director of the State Health Department's Bureau of Hospital Survey and Constructions

Health and Medical Aspects of Current Social Problems.



Dr. William T. Sanger, President of the Medical College of Virginia (1925-1956), is known as Mr. MCV.

Evolution of the Program

Students in the first four entering classes (1950–1954) of the new program spent six months on intensive classroom learning while also observing hospital administration and operations first-hand. Students were assigned to MCV Hospital departments for ten hours weekly during this first, academic period. Then, for the next twelve months, students held internships within the Hospital Division of MCV or with relatively smaller, cooperating hospitals. During these internships, the students rotated through departments, working under the supervision of hospital administrators who had been accepted as preceptors by the school. Students also completed an applied research project.

Now, in the late twentieth century, the program in health administration education at VCU has been strengthened to the point that students spend four semesters in intensive classroom education; but the practical application of the students' new knowledge is still an important aspect of the curriculum. During the third year of the present program to earn a Master of Health Administration degree, a residency is required. Thus the program, from its beginnings, has made available — not a detached laboratory experience of set duration— but the organizational and administrative environment itself, integral with the program.

From the beginning, each student also has performed research, under oversight by the director of the school (later, of the department and then of the respective program) and by the student's preceptor, and directed specifically by her or his chosen advisor. The student was ex-

pected to demonstrate the methodology and judgement necessary to investigate a problem and report the findings adequately. This he or she did by writing a thesis and passing an oral examination by members of the faculty.

Although the curriculum has been greatly enriched over the ensuing decades, the process of applying to the program has changed hardly at all from the first years, when only eight students a year were admitted. The leaders who attended the program's beginnings saw to it that a foundation for excellence was laid then, and it continues to serve well; then as now, applicants must have a baccalaureate degree and submit its transcript, must have had work experience, and must present their reasons for entering the field.

One transformation from the early program is startling. Most of the current students, who have to take out loans to finance their degree in health administration, undoubtedly wish that the



Dr. William Sanger addressing the Class of 1952. 1st row, left to right: David Williamson, John Harlan, Robert Shields, Hunter Grumbels; 2nd row: William Reid, Lewis Kellison, William Bucher, Professor Ron Almack, and Ron Burton

program still charged a \$25 matriculation fee, \$15 for student health services, \$225 for tuition, and about \$35 for books.

Thus began, in 1950, a new tradition at the Medical College of Virginia: the School (now the Department) of Health Administration, which would increasingly distinguish itself and its alumni through its evolution as a preeminent educator of health administrators—who have become essential mainstays of a health care system that has now been transformed into an industry.

The Viewpoints of Those Who Were There

In bringing to mind the adventuresome beginnings of what is now a substantial and eminent program, we are delighted to be able to catch the view through the memories of many of those whose efforts brought it into being.

Dr. Charles P. Cardwell, Jr., looking back on the venturesome beginnings, remembers the urgency of the need, the selfless earnestness of the effort, and—with undue modesty—the somewhat ad hoc nature of the first steps.



Charles P. Cardwell, the founding Director of the School of Hospital Administration

Memoir by Dr. Charles P. Cardwell

After World War II, when hospitals began to function more normally, it soon became abundantly evident that only trained administrators could cope with the increasing complexities of their operations. By the late 1940s, approximately ten schools of hospital administration had come into being. Their work was inspired by

the leadership of Dr. MacEachern at Northwestern University and Dr. Backmeyer at the University of Chicago.

Realizing that there was probably not a formally trained hospital administrator in the southeastern part of this country, the Virginia Hospital Association in the late 40's began to urge that a school of hospital administration be started in Virginia. It appeared that the Medical College of Virginia was best suited for this venture, even though we lacked many of the necessary elements of the ongoing courses. Perhaps our greatest problem was the fact that at the Medical College of Virginia we did not have a school of public health or a school of business. The existing courses, at the time, were in one or the other of such schools.

After consultation with Dr. W. T. Sanger, then president of the Medical College of Virginia, Mr. A. Gibson Howell, then president of the Virginia Hospital Association, and I asked if we could meet with the Association of University Programs in Hospital Administration, which was an organization of the then existing courses. We were allowed to confer with this very distinguished group, so we went to Chicago for this purpose. I recall a luncheon with the greats of those days, Dr. MacEachern, Dr. Bachmeyer, Mr. James Hamilton, Dr. Clement Clay of Yale University, and others. We were told that operating a course was indeed a very ambitious educational undertaking, but if we had the courage to get such a program started, they would work with us in any way possible. With this encouragement, we returned to the Medical College and, with Dr. Sanger's approval, began our first classes the following January.

We have been asked many times since why we elected to begin a six-month didactic course in January rather than the conventional September opening. The answer was simple: because the composite knowledge of the faculty at that time would be completely exhausted before the six months were up. It must be remembered that Dr. MacEachern's original book on

hospital administration was the only available material for teaching in the field. None of our faculty received any salaries, and all of us contributed our time in addition to the already heavy responsibilities of our positions. Nobody on the faculty had ever had any real experience in teaching, and there were few degrees among us even at the baccalaureate level. We had established as our goal the education and training of those who would administer hospitals primarily in Virginia and the surrounding area. We taught hospital administration as we attempted to practice it, with little theory and no research. Our residency program was designed to give the administrative resident an opportunity to observe one or two smaller community hospitals and perhaps a look at the teaching hospitals of the Medical College of Virginia and the University of Virginia.

Even more courageous and adventuresome than the faculty the first year of our operation were our students. It took a lot of nerve on their part to give their time and what small tuition was charged to a school of unknown quality. Our faculty recognized that we were not in a position to offer a master's degree, and so we promised only a certificate in hospital administration at the successful completion of the course. Fortunately for us, our students were of such caliber that they succeeded, perhaps in spite of the faculty rather than because of them.

Because of the severe shortage of trained administrators, it was difficult for our students to even complete their residency before they were offered an administrator's position in hospitals ranging anywhere from 50 to 200 beds. Therefore, we felt that we had to give these students the tools of survival rather than to become too sophisticated and conceptual.

Without the cooperation of Dr. Sanger and the tremendous contributions made by Mr. Gibson, of the Virginia Hospital Association, we would never have been able to survive those first few years. In retrospect, it was a shaky and feeble beginning and one that would never succeed at

the present day's level of sophistication in the teaching of hospital administrators. The success of the graduates of those early classes is due, I must admit, more to their own innate ability and determination to succeed than to the teaching talents of those who attempted to instruct them.



Charles P. Cardwell with new students in 1957

We are indebted to Hunter Grumbles (MHA '52) for the frank recollections of the first director (1949-1951) of the School of Hospital Administration, A. Gibson Howell. Hunter Grumbles taped Howell's reminiscences not long before Howell's death in 1990.



A. Gibson Howell, Director of the School of Hospital Administration

Memoir by Mr. Gibson Howell (recorded April 6, 1990)

I had a beginning in 1939. During that time I came to know Mr. Charles Cardwell very well. I had gone down to Franklin to serve down there for five or six years at the old Radford Memorial Hospital. The Hospital Association—which, by the way, had a convention of fifty

people, . . . a big crowd in those days—it wasn't very hard to be elected; when they had the so-called convention in Roanoke, that is when I first recall hearing discussions for the need of some training in hospital administration. I had suggested to Charlie Cardwell that MCV consider it as a project. We discussed it there in Roanoke rather informally and we let it sort of simmer for a number of months, because really we didn't know where to go or what to do about it. The closest training program was at Duke University Hospital, and that was simply a certificate program, and there was an organization out in Chicago—I believe it was the Association of University Programs in Hospital Administration (AUPHA).

Charlie and I took it upon ourselves to just go out there and see what possibilities there might be of having an approved program at the Medical College, not on our own initiative, but with the blessings of a group of VHA leadership. I remember that on the trip to Chicago with Charlie, we stayed at the Drake Hotel, which wasn't very far from the headquarters of the hospital administrators, at which place the programs were headquartered. Charlie forgot the coat to his suit and his belt and I forgot the proper clothing, so when we went to that first meeting we looked like a bunch of farmers. We didn't think we had a chance of doing anything, but they very graciously took us out to lunch that day. They didn't give us any encouragement, but they said they would like to hear from us from time to time.

We came back to Virginia, Charlie to Richmond and me to Franklin, to report to the board of directors of the Virginia Hospital Association about tentative plans for the development. We enlisted the support of Dr. Sanger, who was then president of MCV, and who very much cared about it, as Dr. Sanger did about new things with any potential educational value. So we developed enough courage with the encouragement of friends in Richmond and through the association and

at Blue Cross. All of the original faculty were volunteers, nobody being available to help Charlie. I got my mileage, but other than that everything was volunteer.

Dr. John Bell Williams came from one of Virginia's finest families. He was on the board of trustees of MCV. I'm certain he didn't discourage us. I knew him quite well during three years there. He was not in favor of the Medical College Hospital at that time being a competitor with the private hospital industry that so dominated Richmond for years—and still probably does. But he was a person who had been president of the VHA. In the early years he was at St. Luke's hospital; he was a dentist by trade, but a hospital administrator by avocation. He had a certain way of doing things.

Dr. Paul Sanders, who was the editor of the *Southern Planner*, was a volunteer lecturer from time to time, but I don't know of his influence because I was at the school for the first three years and then only visited periodically.

Charlie was the so-called professor of hospital administration, and I was the director of the school for the first eighteen months. We recruited students by advertising it as a post-graduate program, so most people found out about it through their colleges. The program was strictly informal: no budget, no stature of any kind except what it created by good work.



Dr. Joseph Owen with students, 1957

Joe Owens was involved at the time. He was an associate of Charlie's. I believe he was the first full-time director after he got his Ph.D. from out in Iowa. I'm not exactly sure who went on after that. I believe Tom Barker came after Hudgens, and now Roice Luke. I look back on those days and think we had more gall then mentality, because it took a lot to do something about it. But anyone could have done the same thing if they had had the idea.



Joseph Owen, Ph.D., the first full-time Director of the School

Administration in the Early Years

The first director, A. Gibson Howell, simply had a desk in the president's suite, until Memorial Hospital provided space for a department office. Classes met wherever rooms were available in the hospital. After two years, Director Howell resigned to become administrator of the Louise Obici Memorial Hospital in Suffolk. Joseph K. Owen, an administrative assistant to Charles Cardwell, then took over the management of the program. By that time, the program was placed near the director's office, on the first floor of the east wing of MCV Hospital. A nursing classroom and the hospital director's boardroom became meeting places.

In the fall of 1953, Joseph Owen left to earn a Ph.D. in hospital administration from the University of Iowa, becoming the fourth person in the nation to hold that degree. During his absence Charles Cardwell directed the program. Dr. Owen returned in 1956 to become the first full-time Director. From the beginning, the School had been sustained by the indispensable administrative savvy of Louise P. Mundy, in the

position of secretary, from late 1949 until 1956.

In September 1956, the School of Hospital Administration moved into two floors of the Newton House, next door to the Hospital; it was an MCV staff residence. The Newton House was a building with an interestingly varied history dating back to the early nineteenth century. From 1918 until 1923, the Richmond Professional Institute, a division of the College of William and Mary and the forerunner of the VCU Academic Campus, had used the house as a school; now, 33 years later, it again housed a school. At that time, Mrs. Mundy left the School, and Frances Ewing succeeded her as secretary. Only then did this linchpin position become officially full-time.

Degree Program and Accreditation Achieved

From the School's founding, Charles Cardwell and his associates had in mind the goal of accreditation by the Association of University Programs. At every opportunity, they sought knowledgeable advice and honed the program toward that end. The School's files of that era contain a veritable flood of letters to and from directors of other programs, and from authorities in the American College of Hospital Administrators. The School cooperated as fully as possible with other schools in the new field in improving methods, discovering and developing leadership qualities, teaching management skills, ensuring hands-on experience, and trying to sustain the philosophy of service inherited from the previous era of hospital management.

In 1953 it was decided that the class entering the School in fall, 1955 would be the last to receive a certificate; subsequently the School would confer the degree of Master of Health Administration. This decision marked a watershed. The School formally sought accreditation, and in 1954 Dr. Malcolm T. MacEachern, the director of the health administration program at Northwestern University, and Ray C. Brown,

director of the program at the University of Chicago, were appointed by the Association of University Programs in Health Administration to visit MCV and inspect the School of Health Administration there. Both inspectors reported favorably on the quality of the work and the excellence of the students. Their only reservation was that at MCV, as a professional center, there was not an affiliated school of business administration to which management courses could be anchored. The School responded by arranging to have its students take certain basic outcomes courses at the University of Richmond or at the Richmond Professional Institute.

In 1956 the goal was reached. At the New Haven, Connecticut meeting of the Association of University Programs in Health Administration, the Medical College of Virginia School of Health Administration was invited to membership as a fully accredited school.

For a time, those who had completed the certificate course were allowed to qualify for the master's degree in hospital administration by presenting an acceptable thesis and passing the comprehensive oral exam. Thirty-four previous graduates met the requirements and were awarded master's degrees through that process. Certificate holders whose undergraduate preparation was not sufficient for embarking on that process could earn B.S. degrees by meeting the thesis requirement.

From 1956 on, then, the School of Hospital Administration at MCV accepted applicants for the degree of Master of Health Administration. The program was open to both women and men. A baccalaureate degree from an accredited college was a prerequisite. Preparation, capability, and fitness for the field of hospital administration were the criteria for acceptance into the program. Course work, a residency, and an accepted thesis were the requirements to be met to earn the degree.

The degree program could be characterized as having a practical hospital administration focus just as the previous, certificate program

had. The didactic phase included only three academic quarters on campus, followed by a one-year residency that was viewed as the cornerstone of skill building within the program. As in other hospital administration programs of that time, teaching, which was largely descriptive rather than analytical, was done for the most part by practitioners who volunteered their time. Students training to be executives observed and emulated their mentors.

Another lively reminiscence of the first ten years of the program has been contributed by Ham Flannagan, who came to work with Ronald Almack on the Hill-Burton program in 1949.



Ham Flannagan, preceptor and honorary alumnus

Memoir by Ham Flannagan

In 1948 it came out in the Richmond Times Dispatch that Dr. Sanger was pursuing establishment of a School of Hospital Administration. At the time I was at McGuire General Hospital, after being in the army for four and half years. (I had been accepted at Columbia University, but I couldn't see myself going to New York. I pursued my study at Duke instead, when I was still in the military.)

In 1948, I went down to see Dr. Sanger. I had known Charlie Caldwell previously. Mr. Parrish was in charge of the outpatient department at MCV at night; I was in charge of the department in the daytime.

Gib Howell (A. Gibson Howell) was putting together—with one secretary—the Hill-Burton program. Dr. Sanger was giving him all the help he needed. Gib went to some meet-

ings and met Ronald Almac, who was running a social service department in Indiana. This is about the time Suffolk needed some help with a hospital. Dr. Sanger sent Charlie there as part of the MCV extension program. Gib wanted to go to Suffolk.

Ronald Almac seemed to know all about governmental regulations and what to do and how to apply for grants. He was hired as the first director of the Hill-Burton program [Federal funding allocated for hospital construction]. The first project for the Hill-Burton program in Virginia was at MCV, to remodel one hospital floor. Number two was Front Royal; number three was Hadington; number four was Staunton. Ronald and all his knowledge assisted well. I counseled the board and helped them hire administrators. As soon as Ronald got to Richmond, he had awful pain in his stomach; he ended up having a serious health problem. Dr. Sanger kept him on the faculty anyway. Gib put the program together.

Ronald wanted an accountant, an architect, and somebody with hospital administration experience. He hired Bob Ham as the accountant and Tom Walker as the architect, and the health department called me at McGuire and asked me if I was interested. At that time [1949], I was making \$7,200 a year, which I thought was great. The highest they could offer me was \$3,600 a year.

Robert Hudgens [Director of the School, 1957-1966] was an administrator in Lynchburg; he got \$10,000 a year, and people couldn't believe they were giving him that much money. At MCV, they offered him \$12,000. He was a very smart man. He could have very easily been elected to the Virginia Senate.

Charlie [Cardwell], Bob [Hudgens], and Gib [Howell] held the school together. Applications began to come in. Contacts in other states came about through alumni and word of mouth. Applicants were good college students. Later on, they took in military assignments; the military wanted them trained.

They turned down a whole lot of people. It was unheard of that a female got into the school. In the early stages, I think there was only one black. Gib was very knowledgeable, very politically astute.

At the dedication, Dr. Sanger was the main speaker. Dr. Sanger was known in the state legislature for getting anything he wanted. He had the forward view of buying everything around him. Everybody thought he was crazy. He got the money, and he bought every little restaurant, every little store, every little thing around there.

The school at that time, wherever they found a classroom is where they went. A lot of times they used the old Egyptian building. It echoed all over the place. To find a classroom was hard. Thelma Hokes, Dr. Sanger's secretary, was more or less the godmother of all the classes. She saw that every one of them got taken care of. She knew where to go to get a residency. These young men really didn't learn until they got in to the residency.

Hardly any of the theses written were worth the paper they were written on. They were far out. Someone wrote their thesis on the uses of paper goods, such as toilet paper. The program never gave diplomas [rather, certificates were awarded] for many years. Then, they gave them a chance to come back and write their thesis and get a formal degree.

When Bob Hudgens came in, it was completely different. The first thing that went wrong was he brought his wife in to redecorate the place, and that didn't set well with anybody.

I remember one instructor who was a genius, but he would get dead drunk. He would run down the hall in his underwear. The next day he would sober up and lecture just like nothing had happened. He was some character.

Bob Thomas was an extremely good lecturer on hospital accounting. He was at a private hospital, so he couldn't cover non-profit hospitals; Bob Ham covered non-profits, so the two of them had everything covered. Tom Jordan was there in the third or fourth year.

Dr. Mann was like a medical examiner you'd see in the movies, but he was brilliant. He set up the medical examiner/coroner's program. Back then, anybody could be a coroner. They got \$100 a case, which was unheard of. Dr. Mann was a good lecturer. Everyone enjoyed seeing him.

Every year I was there we had residents from MCV. My first resident was Charlie Wood. He was with me for six months in 1954. I paid him \$150.

The first polio epidemic had hit in the 1940s, and the second epidemic unfortunately hit in Wythe County and surrounding areas. We had a huge epidemic in 1956, which taxed everybody. Charlottesville [UVA] took the overflow. Nobody paid us any money. We begged the people in Roanoke for help.

There were 67 or so hospitals in Virginia when I was at Memorial. The Hill-Burton program helped to build many rural hospitals. The prominent hospitals were Alexandria, Winchester, Richmond Memorial, Lynchburg General, Virginia Baptist, Jefferson, Mary Washington, Norfolk General, Danville Memorial, and Portsmouth General. The network/grapevine for the hospital system was incredible. Everybody knew everything. Telling this, and telling that.

Camaraderie amongst hospitals was amazing. There was no jealousy or anything. Everybody worked together. Tom Barker learned to be very cordial to everybody, but at first he didn't; he came on at first as a stiff personality. He was happy from the first day I ever saw him. Tom and I became real good friends.

Radiologists, anesthesiologists, and pathologists all thought they were gods. They fought over who would be the bigger god. They were big problems in hospitals then.

People forget that Blue Cross/Blue Shield were founded by hospitals. You could stay 5 days in the hospital and be billed for \$100 or less. We used to battle with Blue Cross and Blue Shield. They were the biggest insurer of big employers around here. They would pay everything.

Ronald Almac foresaw the divergence of hospitals. He foresaw how medical staff would play a powerful role in running a hospital, and would run the institution. He said that with the growth of hospitals, the government would one day step in and demand that hospital costs would be brought under control, and that the Hill-Burton program would disappear from the scene. He was a great person for seeing all these things. He was a great force when the school started. Bob Hudgens put dignity into it and brought recognition in the American College of Hospitals.

Retirement is hell. I've worked since I was nine years old. Not working has just killed me. I retired in 1986/1987.

The Hudgens Era

In 1957, an opportunity to strengthen the program was made possible by the bequest of Arthur Graham Glasgow, a former MCV patient who gave a generous donation honoring his excellent care, which established the Arthur Graham Glasgow Chair of Hospital Administration — as far as can be ascertained, the first endowed chair of hospital administration in the world. Robert Smith Hudgens was named as the first occupant of the chair, and was appointed Director of the School as of July 15, 1957. It was his second appointment to serve the Medical College. From 1944 to 1947 he had been Director of the Hospital Division, before going to Lynchburg General Hospital, in Lynchburg, Virginia, as its administrator.



Robert Hudgens, Director and Arthur Graham Glasgow Professor of Hospital Administration, 1957

Robert Hudgens had come to Virginia from Emory University Hospital in Atlanta, Georgia, where he had served for fifteen years, first as Assistant Superintendent and then as Superintendent. In addition to his long practical experience as a hospital administrator, Hudgens had worked with local and national organizations and contributed to the literature in the field. He was president of the Virginia Hospital Association and the Southeastern Hospital Association, and a fellow and regent of the American College of Hospital Administrators.



In statistics class with Dr. Hanna (June 1957)

During Hudgens' first year as Director, in the fall of 1958, the Kellogg Foundation gave the School a grant of \$10,000 to establish its first student loan fund. By then, the annual admissions had increased to fourteen. The course of study offered in 1958 is shown below:

I. MEDICAL ADMINISTRATIVE

- Medical Terminology
- Medical Staff Relations
- Nursing Education
- Anatomy and Physiology
- Nursing Service
- Rehabilitation
- Medical Records
- Public Health

II. BUSINESS ASPECTS

- Hospital Accounting
- Public Relations

- Communication through Writing
- Business Administration
- Purchasing
- Personnel Training
- Hospital Law
- Public Speaking

III. PHILOSOPHY

- Administration of a Medical Center Hospital
- Planning the Hospital
- Hospital in the Community
- Medical Economics

IV. MANAGEMENT PROBLEMS

- Hospital Maintenance
- Seminars
- Guest Lecturers
- Observation and Orientation
- Field Trips

V. RESEARCH

- School Project
- Individual Minor and Major Projects
- Thesis Research



Some classmates meeting after class (June 1958): Left to right: John Tobin, Bill Draper, John Simpson, G. Evers, Luis Cervantes, and Samuel Waddell

Also in 1958, the School paused to take stock of itself statistically in the pages of *The Scarab*.

The November issue gathered the following statistics:

Table 2-1. Categories of Alumni, as of 1958

Description	Number	
Total Alumni, June 1958	73	
Those who earned certificates	41	
Those who earned degrees	34	(1951–57)
Those who received neither (completed the 2-year course, but had not had a thesis accepted).	03	(1955–58)
Those who received both	11	
Those who received neither, but were deferred until June, 1959	06	
Those enrolled in the school's academic class (1958)	14	
Those serving a twelve-month residency (1958)	12	

Table 2-2. Locations of Alumni, as of 1958

States Where the Department's Graduates Were Working in Health Administration. Parentheses indicate number of alumni.
Alabama (1)
California (2)
Colorado (1)
District of Columbia(1)
Florida (4)
Illinois (1)
Kentucky (2)
Massachusetts (1)
Michigan (1)
North Carolina (7)
Ohio (4)
South Carolina (2)
Texas (1)
Virginia (29)
West Virginia (3)
Haiti (1)
Puerto Rico (1)

Table 2-3. Professional Positions Held by Alumni, as of 1958

Alumni (73)	
Administrators	35
Assistant Administrators	12
Administrative Assistants	08
Related other	08

Table 2-4. Applications and Admissions, 1957–1958

Letters of inquiry	200
Number of applications	46
Number of Admissions	14
Applications per admission	At least 3 to 1



Extra-curricular activity (1957). Left to right: Clarence Cauble, Ernie Nott, Bob Lee, and Ken Waddell



Outing at Hanover Wayside: The Class of 1959 and their families



A Valentine for the teacher (Thomas Jordan, Law Professor) from Joel Montgomery and Jim Thompson in 1963

Hudgens died suddenly in 1966. In 1968, the alumni of the School established a perpetual memorial fund to honor Hudgens through the American College of Hospital Administrators. The Robert S. Hudgens Memorial Award, presented to a Young Hospital Administrator of the Year, honors “Captain Bob’s” contribution to the education and preparation of hospital administrators. Since its founding, five alumni of the VCU program have won this prestigious national award.

Were the first twenty years of the program at MCV successful? Absolutely! The distinguished careers of that era’s faculty and preceptors and the career accomplishments of the program’s early graduates constitute convincing evidence of the success of the program in preparing hospital executives during its years as the School of Hospital Administration. The pioneering efforts of Charles Cardwell, Gib Howell, Carl Parrish, Bob Hudgens and the many other faculty as well as preceptors of that era created a legacy that would serve the faculty and students who followed in their dedicated footsteps. The School of Hospital Administration built a solid, nationally recognized academic foundation on which the subsequent Department of Hospital and Health Administration was able to build its future.



The Class of 1964 meeting in 1993. Left to right: 1st row: Ron Hutton, Bob Konnagan, Jim Thompson, Dave Pechmann; 2nd row: Don Good, Charlie Ewell, Richard Kerr, Jack Van Brackle, Alvin Topham, Frank Chrisbens, Ed Smith, Frank Winn, Paul Gross, and Richard Kraus

The New Structural Framework: A Department in the School of Allied Health Professions

Upon Hudgens' death, Charles Cardwell was asked to step in and serve as Director of the School. In July 1967, Dr. Thomas C. Barker was appointed as the Arthur Graham Glasgow Professor and the Director of the School. He served as Director until June 1971.

In the meantime, however, the School that Dr. Barker directed had been swept into a new administrative framework by the reorganization that took place at MCV as Virginia Commonwealth University was created, and that established a new umbrella School — that of the Allied Health Professions—in 1969. The new school consolidated a number of freestanding academic programs, including what until then had been the School of Hospital Administration. The program of health administration education now became the Department of Hospital and Health Administration, one of nine departments altogether under the direction of the dean of the new School. That dean was none other than Dr. Thomas C. Barker. For the next two years Dr. Barker continued his service as head of the new Department of Health Administration, while also taking up his duties as Dean. He appointed Dr. Benjamin T. Cullen, Jr. as Acting Director of the Department.

Dr. Barker was thus in the thick of the transformations of the 1960s at MCV — not only the migration of health administration education from a School to a Department within a school, but also the merging of two proudly independent Richmond institutions — The Medical College of Virginia and Richmond Professional Institute — into an imposing new entity, Virginia Commonwealth University. Many of the interesting details of the School's administration during that time appear in Dr. Barker's own account of his experience.



Thomas C. Barker, Ph.D., former Dean of the School of Allied Health Professions and now Emeritus Professor of the Department

Memoir by Dr. Thomas C. Barker

On July 1, 1967 I was appointed Arthur Graham Glasgow Professor of Hospital Administration and Director of the School of Hospital Administration. In the years immediately prior to that (from 1964 to 1967), I was the founding director of the Michigan Health and Social Security Institute, Inc. in Detroit, Michigan, and Adjunct Associate Professor at Wayne State University; and (prior to Detroit) on the junior faculty and administrative staff at the State University of Iowa in Iowa City.

In the summer of 1967 the School consisted of three full-time faculty members, including the Director. The other two were Dr. M. Leigh Rooke and Benjamin J. Cullen, Jr. We had several adjunct faculty members in addition to the full-



David Bernd (MHA '73) thanks Dr. Ben Cullen for his role in leadership of the Department's early program development.

time ones (many are listed on other pages of this report), notably Charles P. Cardwell, Jr. and Dr. William J. Sanger. The number of full-time faculty members was considered adequate for the time, considering the generous contributions of the adjuncts and that the average class size was twenty-five students.

As Director of the School I reported along with the Deans of the major Schools (Medicine, Dentistry, Pharmacy, Nursing, and Basic Sciences) to the President, Dr. R. Blackwell Smith. Charles P. Cardwell, Jr., the longtime Director of MCV Hospitals, was then the Vice-President, and I looked to him as my real boss. Dr. Sanger, who had stepped down as the President of MCV a few years earlier, was then Chancellor. William F. Morrison was Director of MCV hospitals. He was assisted by Emmet K. Reid, Clarence Cauble, Allan B. Hellig, and Charles J. Sweat, all of whom also worked with our students. France Ewing was the School secretary.

I accepted the position in the winter (January) of 1967. I could not come to Richmond then because Mary and I had two children in school: Cheryl and Tommy. I also had a funded project at the Institute to complete. In retrospect, this delay turned out to be a fortunate circumstance for the School. Shortly after the announcement of my appointment became public I received a telephone call from Andrew Pattullo, Director of the Division of Hospitals of the W.K. Kellogg (WKK) Foundation, to invite me to Battle Creek (Michigan) for a visit. Since the early 1930s the W.K. Kellogg Foundation has been interested in good causes related to the health, education, and welfare of the general public. During the WW II years this interest had been refined to focus on institutional health care and the professionals who provide it. Mr. Pattullo observed to me that the Foundation was very interested in helping to support graduate education for hospital executives, and had received only one request—for graduate student scholarships, which was funded through MCV. They recognized the need for more graduate hospital ad-

ministrators in the Southeast and encouraged me to apply for such support. Begging off an immediate proposal, I expressed my thanks and promised to get back to him once I had established a need in my own mind.

After I took up residence in Richmond and surveyed the situation, our needs became clearer. We enjoyed adequate support for the current level of production. The application pool was exceptional. The job opportunities for the graduates were outstanding. We could not accept all the qualified applicants, and we could not offer enough graduates to fill the positions open. The School need was to increase the class size. To do this we had to increase the number of full-time faculty. We applied for and received a grant from the WKK Foundation to double the number of full-time faculty. The Foundation agreed to support the positions for five years if MCV would pick them up at the end of that time. Of course the application included a number of other items for support, like certain operational expenses, etc. But faculty support was the crux. With the funding of this project well under way, other institutional changes lay on the horizon.

During the middle and late 1960s, a "Blue Ribbon Commission" appointed by the Governor and chaired by Mr. Edward Wayne, the President of the Federal Reserve Bank in Richmond, was charged with reviewing higher education in Richmond and central Virginia. The commission's recommendation was that two local, state-supported institutions of higher education here—the Medical College of Virginia and Richmond Professional Institute—should be merged into one institution.

With the concurrence of the Governor and the General Assembly, Virginia Commonwealth University was thus created in 1968. The Wayne Commission also suggested that a School of Allied Health Professions (SAHP) be established at VCU and located on the campus of the academic health center, MCV. It was intended that the new School should include all

of the smaller “Schools” at the older MCV and RPI that were health-related. The SAHP was established on January 1, 1969, and I was appointed the first dean, albeit part time. It did not make a whole lot of sense for “schools” to be a subdivision of a School. At the request of the faculty, at least most of them at the time, the University Board of Visitors agreed to change the names of those programs included under the first School, from schools to departments.

With the Kellogg money being in hand, Herman Mullins joined the faculty in 1969 and Lawrence D. Prybil in 1970, and shortly thereafter several others did so.

About my length of service as Chair: I served until June 30, 1971, having for two years been the Dean and the Chair at the same time. As my rank, tenure and academic appointment rested in this Department, I of course continued to be a member of the faculty, as well as Dean. Accordingly I remained actively involved through the years with all the Department’s operations. When the Department was between Chairs, I was pressured by the faculty to take an active Chair role. This happened on two occasions—during the academic year 1980-81 and again in 1981-82. In my retirement, I now occupy a space in the Grant House, where I am privileged to serve as an emeritus professor.

3. Expansion of the Department and Its Educational Program—1970 to the Present

From 1970 to the present, the Department has achieved a crescendo of continuous development toward substantial size, a high quality curriculum, innovative programs, scholarly output, and—as a result of these achievements—national recognition. This dramatic effort has been sustained by untiring leadership within the Department, enthusiasm from the University administration, and a formidable fundraising program. In the justifiably triumphant phrase Dr. Roice Luke applies here to the Department's history in the 1980s: "We had it all."

Moving Forward as a Department

The year 1972 was a pivotal year in the Department's development, after its conversion from the School of Hospital Administration to the Department of Hospital and Health Administration. At that time, the full-time faculty comprised Dr. Thomas C. Barker, Dr. Benjamin T. Cullen, Jr., Dr. Leigh Rooke, Herman Mullins, and Dr. Larry Prybil. Three additional faculty: Jerry Norville, Robin "Scott" MacStravic and Dr. Martin "Marty" Perlin were hired, and the youthful, talented and eager Dr. Larry Prybil was appointed as Chair of the newly created department, with the full support of its faculty.

The alumni at first did not like the idea of losing their "school," and many objected to being relegated to "mere department" status.

They also objected to the proposed name: Department of Health Administration. A compromise was reached with the designation: Department of Hospital and Health Administration.

This minor rift with some alumni, which was resolved by retaining the word "hospital" in the Department name, suggests the major changes confronting the Department's faculty and students, with which they would continue to grapple during the decade of the 1970s. The Department's full-time faculty, its dedicated adjunct faculty, and the program's untiring preceptors would rise to the occasion throughout a decade of unprecedented growth.

Growth during the 1970s

Initial Goals

At a retreat that the newly appointed Chair, Dr. Larry Prybil, led in fall 1972, the faculty developed the following goals for the new Department:

- To strengthen the MHA program curriculum: (1) by developing and integrating into the existing curriculum several needed new courses that would be developed around the expertise of the newly hired faculty; (2) by focusing the curriculum on the development of knowledge, skills and values needed at present as well as in the future in a rapidly expanding health care industry; and (3) by

improved integration of curriculum courses with the administrative residency.

- To broaden the focus of the department's teaching, research and service efforts beyond traditional hospital administration, to include such areas as health planning and policy, long-term care administration and administration of mental health institutions and programs.
- To expand the Department's continuing education, consulting and community service functions in fulfillment of a recently awarded Kellogg Foundation Grant.
- To initiate new scholarly efforts by faculty to include research and additional contributions to professional journals in the field.

The faculty assumed the shared responsibility for the extra tasks and made personal commitments to achieve these goals.

As first steps, Drs. Prybil and MacStravic took the lead in research and publications. Herman "Moon" Mullins assumed responsibility for pursuing the Department's interest in long-term care. Drs. Perlin and MacStravic developed a health planning concentration for the graduate curriculum. Jerry Norville led in developing continuing education and community service. The Prybil era faculty team thus rose to its challenges.

A major turning point in the direction and culture of the Department in the latter half of the 1970s and early 1980s planted the seeds of further development. The Dean, Dr. Thomas Barker, and the Department Chair, Dr. Larry Prybil, sought administrative approval and funding for a faculty research position in the department—in part as a response to pressures from the Accrediting Commission to develop more funded research and scholarship. The Department also sought a faculty member specializing in quantitative and management science applications. In 1977, Dr. Prybil recruited Dr. Ramesh Shukla, a graduate of the University of Wisconsin's Health System Engineering Program, with the expectation that he would develop funded research. In 1979 Dr. Shukla was

awarded a major grant (\$488,000) by the National Center for Health Services Research to study cost/benefits of patient care delivery systems. This funded research began a new era of research and scholarship in the department.

During the 1970s, the MHA program's curriculum was expanded, and an undergraduate certificate program in cooperation with the University of Virginia was begun (later replaced by the undergraduate program in health care management). In addition, a voluntary supplemental skills training program for MHA students known as Executive Skills was implemented, and an active continuing education program was carried out. The major highlights of this growth are summarized below.

MHA Program

During the 1970s, the department's MHA program was enriched with new courses; its didactic phase was expanded; the residency was restructured to be more systematic and better integrated with the didactic phase; and the full-time faculty assumed more of the teaching. Some changes were innovative, and others simply kept pace with the rapidly changing field of health administration.

Academic Program Lengthened. The three new full-time faculty in 1972 made it possible to expand the MHA curriculum. An in-depth study of the curriculum that year recommended more course work on campus to prepare graduates better for the residency and their first positions, and especially for long-range professional growth. The program was therefore expanded to include a twelve-week summer semester following the required two academic semesters on campus. Students thus remained on campus for twelve weeks after their second semester and then began the residency in September. Increasing the didactic phase to twelve months reduced the administrative residency from twelve months to nine months; the MHA degree could be earned in just 21 months at that time.

Major Curriculum Changes. A second major change in the MHA Program added some courses and deleted others. The courses deleted had served their purpose well in times past, but the level of knowledge, skills and values needed by future health care executives was rising rapidly. Hence, such descriptive courses as Medical Care in Society, Review of Literature, Medical Science Orientation, Industrial Engineering Techniques, Medical Terminology, and Hospitals in Operation (tours of local hospitals), which had been taught by medical practitioners, were dropped.

Some of the new courses added in the early 1970s to enrich the curriculum were: Advanced Financial Management, Applied Quantitative Methods, Hospital Personnel and Labor Relations, Organizational Behavior and Management, and Community Health Organization and Administration.

Health Planning Concentration. Also added was a new concentration option, a minor in Health Planning. This first-ever minor within the MHA program required seven courses: two from the Department of Urban Studies and five of the following new Department courses: Health Economics, Health Institution Planning, Community Health Planning, Seminar In Applied Health Planning, Seminar in Hospital Design and Construction, and Health Care and the Political Process. As a part of this minor, under the leadership of Dr. Scott MacStravic and Dr. Martin Perlin, students completed actual institutional plans for hospitals, and some did community health plans for small communities in Virginia. Given the new federal planning legislation, this concentration proved to be well timed, and many students went on to careers in health planning.

Sequencing and Integration of Discipline-Based Courses. A major change that strengthened the MHA curriculum was the sequencing of courses into tracks focused on recognized disciplinary areas. The tracks began in the first semester with core study courses, con-

tinued in the second semester with more in-depth study of the subject area, and culminated in the third semester with advanced courses plus the applied exercises of the residency. The five tracks were: Organization and Administration, Health Economics and Finance, Organizational Behavior and Management, Quantitative Methods, and Personnel/Labor Relations.

Increase from Three to Four Semesters. Fifty-one semester hours were required to graduate in the early 1970s: 45 hours earned on campus during two full and one summer semester, and six hours earned in the nine-month residency and its two three-day seminars on campus. In the mid-1970s, one more summer of study on campus was added. This meant that students started in May, completed a first summer term that was followed by two traditional terms, and then completed a second summer term. Students thus spent a total of fifteen months in the classroom without a break, followed by a nine-month residency, and earned the MHA degree in two years with fifty-six semester hours.

The Department Name in Its Present Form

In the two decades after the MHA degree program began, the length of on-campus study had grown from two semesters to four. The required semester hours for the degree had expanded from twenty-three to fifty-six. The graduate program now extended far beyond only hospital administration. Thus the Department became the Department of Health Administration in 1978. The word "Hospital" was deleted from the title.

Undergraduate Certificate Program

The Department's first venture into undergraduate education in health care management began in 1972 with the development of a joint venture with the University of Virginia. This

certificate program in health care management focused on the educational/training needs of hospital department heads; a study had shown the need to upgrade their management performance. The certificate program's general education courses were taught by University of Virginia faculty, while the special courses in health care management and related subjects were taught by faculty of the Department of Hospital and Health Administration, primarily Herman Mullins, Jerry Norville and John Markham. Teaching in this certificate program required faculty to teach their regular graduate load and also drive to either Charlottesville, Norfolk or Fairfax two nights weekly.

Students earned their Certificates in Health Care Management after completing thirty semester hours. The certificate was awarded jointly by MCV and UVA. There were about 25 students in each class. Many hospital department heads, in all three areas of the state, completed the program. Notwithstanding the

difficulty of commuting such distances, the Department faculty sustained this program, which during its three-year existence helped to develop much needed management skills for hospital department heads throughout Virginia.

Bachelor of Science Programs

Bachelor of Science (B.S.) Degree in Health Care Management (1973-1992)

With the assistance of a special projects grant from the National Institutes of Health, a baccalaureate program in long-term care management was established in 1973, as a joint program of Virginia Commonwealth University's Department of Hospital and Health Administration and its School of Business. Herman Mullins was the first Program Director and did an outstanding job of developing the program. Two new faculty: John Markham, MHA, CPA; and Paul Williams, MHA, both with experience



Undergraduate students with instructors and staff in 1992

in long-term care, were hired. Herman Mullins and Jerry Norville, who also would teach some of the courses, had to scramble quickly to learn the field of long-term care, and did so through self-study, continuing education programs and extensive field visits to nursing homes and other long-term care facilities. (Each applied to take the state license examination for certification as a nursing home administrator, but they were not allowed to do so because they were not full-time nursing home administrators.)

The program had three purposes: (1) to meet the growing needs in the health industry for functional specialists in selected areas; (2) to meet management needs in nursing homes and other long-term facilities; and (3) to provide education in health care organization and management to undergraduate students in other health professions. Besides granting a Bachelor of Science (B.S.) degree in health care management, the program allowed undergraduates in selected disciplines such as accounting to earn a 12-hour minor in the field.

Students were admitted to the baccalaureate program as juniors, after two academic years of course work. Students could apply to transfer into the program from schools within Virginia Commonwealth University or from other accredited colleges or universities, including community colleges; they must have completed 60 semester hours of undergraduate work with a GPA of 2.5/4.0. Prerequisite course work included six hours in accounting, six hours in economics, and an appropriate balance of liberal arts course work. Students who did not fully meet these criteria and/or prerequisites could be accepted into the program conditionally if recommended by the departmental faculty and approved by the department chair.

During their junior and senior years, students in the program took 36 semester hours of required courses in the Department of Health Administration and 18 semester hours of required courses in the School of Business. Satisfactory completion

of those courses plus other elective courses to equal 126 hours met the requirements for a B.S. in health care management.

Most candidates for the B.S. in health care management were full-time students; a limited number of part-time students also were accepted. From the outset the program was designed with the adult learner in mind. All the health care management (HCM) classes were given only in the evenings, Monday through Thursday, so that people from a wide range of circumstances could enroll, whether as full-time or part-time students.

The part-time degree program was intended to be useful for persons already employed in the health care industry. It had the same degree requirements as those for full-time students.

The new undergraduate program, whose original concentration was in long-term care, quickly expanded to other areas of the health care industry. A concentration that focused on management skills for hospital department heads was added, thus in effect replacing the certificate program in health care management offered jointly with the University of Virginia. The certificate program's faculty resources were applied to the new B.S. program in health care management. Finally, the undergraduate program added service courses for students of undergraduate programs in the School of Allied Health Professions and for RN students in the School of Nursing. Many students in physical therapy, occupational therapy, and other professions, as well as in nursing, took the service courses to acquire management skills.

Thus, students entered the program from a variety of fields. With backgrounds in the humanities, business or the clinical professions, many transferred from undergraduate programs elsewhere at VCU. By the 1990s, however, approximately two-thirds of the program's students had transferred from outside VCU, making it a major component of the University's external undergraduate draw.

Students who earned a B.S. degree in health care management with a major in long-term care management were prepared for management positions in a broad range of organizations and agencies, including nursing homes and other long-term facilities, rehabilitation centers, and government agencies with responsibilities in long-term care. The program's graduates were eligible to sit for the state and national licensure examinations for nursing home administrators.

Organizations throughout the Commonwealth supported the program. From the 1980s on, the Virginia Health Care Association awarded four competitive scholarships per year to students majoring in long-term care administration. The Virginia Chapter of the American College of Health Care Administrators endorsed and supported the establishment of an organization of health care management students, the first such in the Commonwealth and one of only a handful in the United States at that time. Scores of hospitals, clinics and nursing homes provided practicum sites for students in the program.

A group of distinguished faculty successively directed the program during its 20-year history. They were Herman Mullins, Jerry Norville, Dr. Elizabeth Harkins, Dr. Janet Lynch, and Dr. Anthony DeLellis.

Throughout its history the program never achieved less than the maximum rank of undergraduate membership in the Association of University Programs in Health Administration. The Association praised the program's curriculum as a model for others. Twice the program received the Education Award from the American College of Health Care Administrators; each year this coveted honor is awarded to one individual or organization that, through education, has made the most outstanding contribution to long-term care administration. The first of the two awards was won early in the history of the program. The second and final award was received by the program in 1992. That was the year when the University decided to eliminate it.

Bachelor of Science (B.S.) Program in Medical Record Administration (MRA): 1978–1987; then B.S. in Health Information Management (HIM): 1988–1992

In the late 1970s, an acute nationwide need combined with technological advances to dramatically increase the career opportunities in health care. Hardly anywhere was the need more acute than in medical records administration, defined by the American Medical Association as "the management of health information systems consistent with the medical, administrative, ethical and legal requirements of the health care delivery system." Improving and refining the systems for health records are functions necessary to supporting the evaluation and high quality of medical care. What are certainly not ignored, moreover, are the importance of medical records for accurate data and coding to ensure equitable reimbursement by Medicare and health insurance companies, and also their usefulness for research.

A program in medical record administration was opened in 1978, the first baccalaureate program in Virginia in that field. Begun to help meet the urgent need for medical record professionals in Virginia and the region, the program was a cooperative venture of the McGuire Veterans Administration Medical Center and Virginia Commonwealth University's School of Allied Health Professions and School of Business. The first students entered in the fall of 1978, and the first degrees (Bachelor of Science in medical record administration) were awarded in May 1980.

In the mid-1980s, Dr. Luke initiated discussions with the faculty and Dean Barker about integrating the program in medical record administration with the Department's programs in health care management. Dean Barker supported Dr. Luke's proposal that the Department acquire the Medical Record Administration Department and integrate it with our two under-

graduate programs. The merger was accomplished in 1988, and the degree became a Bachelor of Science in health information management.

The health information manager often begins a career as the administrative head of the medical record department of a health facility. The manager plans, coordinates, and administers the system of patient health information, carrying out these responsibilities:

- Maintaining complete and accurate records on patients seen and treated
- Developing, analyzing, and technically evaluating health records
- Developing secondary records such as indices of physicians, diseases treated, and operations performed
- Developing and analyzing statistical reports
- Creating health information from the data in the records
- Supervising departmental personnel
- Helping the medical and other clinical staff develop methods of evaluating patient care
- Helping hospital and health system personnel conduct research that requires abstracting and displaying health data from the medical record

Dwight Dixon headed the baccalaureate program from its beginning until 1987. Donna Clark then became director of the program, from 1987 to 1989. Dr. Dolores Gurnick Clement was director from 1989 through 1992.

The program was accredited by the Committee on Allied Health Education and Accreditation, American Medical Association, in collaboration with the American Medical Record Association.

Bachelor of Science Programs' Demise

The Department's undergraduate programs won national recognition for leadership in the development of a curriculum serving the demands of a modern health care system. Nevertheless, the University decided to eliminate them

in 1992, to help meet its budget after cuts were imposed by the state legislature. (A year later, the now chronic under-enrollment of undergraduates at VCU became apparent.) The Department retained the faculty positions for the undergraduate programs, as a result of negotiations with the University that allowed the positions to be absorbed into the graduate programs.

Growth of the Faculty

As previously noted, the full-time faculty at the close of the 1960s consisted of Dr. Thomas Barker, Dr. Benjamin Cullen, Dr. Leigh Rooke, Herman Mullins, and Dr. Larry Prybil. This relatively small full-time faculty was admirably supported by highly talented and dedicated adjunct faculty. Included were Dr. David Wiecking, Chief Medical Examiner for the State of Virginia, and his Department Administrator, Tom Jordan, who jointly taught health law. Charles Cardwell made frequent appearances as a guest lecturer, delighting both students and faculty. Other adjunct faculty who contributed a great deal were Gene Kidd, Emmet Reid and Frank Scott, who held executive positions in the Medical College of Virginia Hospitals; Clarence Cauble, who was Administrator of Children's Hospital; and Steve Lipson, who was Associate Director of the Virginia Hospital Association.

As previously noted, Jerry Norville and Drs. Scott MacStravic and Martin Perlin were added to the faculty in 1972, and over the next two years John Markham and Paul Williams were hired to teach in the new undergraduate program. Dr. Robert Modrow joined the graduate faculty to teach medical care and quality assurance. In 1975 Dr. Robert J. Halonen was hired to teach health care finance, but left after two years to become Vice President of Finance at a large health care system.

In 1978, Dr. Charles Breindel was hired to replace Dr. Martin Perlin in teaching health planning. Drs. Perlin and MacStravic had resigned to accept other positions. Dr. John Larson

also had been added to the faculty, and Dr. Ramesh Shukla had been hired to strengthen the Department's research and to teach quantitative methods and computer applications for improving health care productivity and quality. In 1979 Dr. Sam Hai was hired to teach health care finance.

When the 1980-81 academic year began, three new faculty were on hand: Dr. Eileen O'Neil, to teach health law; Jane Towner, to teach in the long-term care program; and Dr. Jean Heck, to teach health care finance. Dr. Larry Prybil and Herman "Moon" Mullins had resigned to accept positions as health care executives.

In 1982, Dr. Louis Rossiter, a health economist from NCHSR, joined the faculty. All of the newest additions to the faculty had strong research backgrounds and national reputations in their respective fields. Their presence in the Department helped to attract other scholarly researchers to the faculty in a process that ultimately furthered the national status of the Department.

From Educational Pioneer to International Leadership: The 1980s to the Present

The whirlwind of growth in the 1970s had hardly settled into a halcyon period when renewed expansion began in the 1980s, after Dr. Larry Prybil resigned as Chair in 1980 to accept an executive position with the Sisters of Mercy Health Care System. Dean Thomas Barker became interim Chair. He appointed Jerry Norville as Associate Chair and Director of the Graduate Program, with responsibility for day-to-day operation of the Department and oversight of its graduate and undergraduate educational programs.

During this transition period, the two new graduate programs were developed. A graduate program was developed jointly with the School of Nursing, leading to an M.S. with a major in nursing administration. A Ph.D. program in health services organization and research, which

Dr. Prybil, as Chair, and Dr. Shukla had envisioned, began in 1982.

Nursing Administration

With the financial assistance of a Kellogg grant, and in cooperation with the School of Nursing, the Department began a graduate program in nursing administration in 1982. Dr. Barbara Mark was hired by the Department to develop the program. It required 56 semester hours, an administrative practicum and a thesis. The nurses enrolled took clinical nursing courses in the School of Nursing, specialized courses in the School of Business, and health administration courses in the Department of Health Administration. The program enrolled 10-12 nurses each year.

Doctoral Program

In 1980, Dean Thomas Barker, acting as interim Chair, appointed Dr. Ramesh Shukla to head a committee to develop a doctoral program. Under his leadership, Dr. Thomas T.H. Wan was recruited in 1981 as founding Director of the Ph.D. Program.

After frustrating bureaucratic delays at the University and the State Council on Higher Education, the Department finally established the Ph.D. program in health services organization and research in 1982. Although two additional faculty positions to support this program had been promised by the University, they were never funded. The existing faculty therefore took on the responsibility for teaching and administering the program, and advising the doctoral students.

The new Ph.D. program required 60 semester hours: 21 hours of foundation courses, 12 hours in the major discipline, 15 hours in a concentration area, and 12 hours of quantitative research methods, plus nine hours of dissertation research. The successes of the Ph.D. program are detailed elsewhere in this history.

In 1980 Dr. Barker, as interim Chair, asked

Dr. Ramesh Shukla to head the search committee for a new Department Chair. Dr. Barker's expectations for the candidates were strong research and scholarship, and links with the health services research community; a long search ended when he recruited Dr. Roice Luke, who became Chair of the Department in 1982.

Dr. Luke's Tenure as Chair; Further Development of the Department

When Dr. Roice Luke was hired as Chair in 1982, a new surge of development for the department began, which culminated in three major accomplishments: the creation of the Williamson Institute; a major fundraising effort leading to the restoration of the Grant House as a new home for the Department; and a new, innovative graduate Executive Program for an M.S. in health administration, which significantly increased the number of faculty. These were remarkable accomplishments during the decade of the 1980s.

As Chair, Dr. Luke's focus was not so much the day-to-day management of the Department as forward-looking vision and innovation. Shortly after his arrival, Dr. Luke enlisted Jerry Norville's organizational capacities, as well as his rapport with the students of the Department, by appointing him Director of the MHA program and Associate Chair. Jerry Norville had held both positions previously. Free of the day-to-day management that is essential but time-consuming, Dr. Luke formulated and pursued his vision of the Department's future.

Dr. Luke's tenure as Chair can be viewed as comprising two periods. At first, he set three financial priorities: to develop a stronger bond with and gain more financial support from the alumni; to find corporate financial support to equip the department with computers, which were desperately needed; and to seek financial support for the undergraduate program from leading corporations in the nursing home industry.

With the help of alumni and faculty, all three challenging goals were accomplished. For example, with the help of Dr. Thomas Barker; James Dunn, of the Dean's Office; and several key alumni, The Cardwell Society and later the New Ventures Fund were created and became very successful as a means of bonding the Department with its alumni and as a means of fundraising. Humana Hospital Corporation helped extensively in getting enough computers for the Department. Beverly Enterprises, the nation's largest nursing home company at that time, provided financial support for the undergraduate program in long-term care.

During the second phase of his tenure as chair, Dr. Luke oversaw several other important developments:

Dual JD/MHA Degree. Developed by Karen Swisher, J.D., who had joined the Department's faculty as a part-time instructor in 1984 to teach health law, a dual degree program was established in 1986 with the T.C. Williams School of Law of the University of Richmond, by which students could pursue both the JD degree and the MHA degree. The dual degree is a valuable option for those able to grapple with the rigors of earning two professional degrees at once. The program is described in detail in chapter four.

Williamson Institute for Health Studies. Established in 1987, the David G. Williamson, Jr. Institute of Health Studies was named in memory of Mr. Williamson, who was a Vice Chairman of the Hospital Corporation of America and one of the Department's most dedicated as well as accomplished alumni. The institute, founded under Dr. Luke's leadership as Department Chair, functions as a bridge between the Department and leaders at all levels in health care by sponsoring instructional, research and outreach programs focused on the organizing, delivering and financing of health services. Dr. Louis Rossiter, a health economist, was appointed as the Institute's first Director. The development and accomplishments of the Institute are presented in chapter six.

Graduate Executive Program. In 1987, Dr. Dennis Pointer was recruited to develop a distance learning program, which was a shared vision of Drs. Luke and Pointer. In 1988 the Department enrolled the first class of its new Executive M.S. Degree in Health Administration. Unlike the MHA Program, which serves those seeking entry level executive jobs in the health care industry, the new Executive Program enrolls employed, self-motivated, and mature professionals for advanced training in health care management. Students in the program include health care clinicians, mid-level and executive-level managers in the health care industry, and other professionals, for example, attorneys, who wish to specialize in health care matters or seek executive positions in the health care industry. The program is described in detail in chapter four.

The Grant House. The Department's move in 1992 to its new home, now named the Grant House, was the culmination of planning and of fundraising by Dr. Roice Luke and others, especially David G. Williamson, who helped to fulfill Dr. Luke's dream of finding suitable facilities for the Department. An historic building in the heart of the Court End area of Downtown Richmond, the Grant House was renovated and partially restored with funds contributed by the Department's alumni; by corporate givers, especially the Hospital Corporation of America; and by the University. After years of operating out of three separate buildings, which made coordinating the Department's programs and functions difficult, the Department programs, the Williamson Institute, and faculty and support staff found a home in the Grant House.

In addition to leading the fundraising for the Grant House renovation, Dr. Luke painstakingly researched the history of the building and contacted descendants of former owners. He was able to acquire many donated furnishings from the former grand days of the building as a private home. Impressive displays also were arranged to commemorate the period when

the building was the Free Sheltering Arms Hospital for the indigent. The full story of the Grant House appears in chapter seven.

Innovative Enhancement of the Educational Program: The Executive in Residence

In fall 1992, the Department continued its tradition of strengthening its education program through innovations that keep pace with changes in the health care industry. The next big step forward was a truly unprecedented program—the Executive in Residence—that was inaugurated in the fall semester that year. Although outside lecturers had often spent time on campus in connection with their classroom presentations, this program tried something entirely new: integrating the role of a nonacademic health care executive with the academic faculty and curriculum, and with the student and alumni communities, throughout the academic year.

Obviously, for the fit to be a good one, the nature and qualifications of the candidate had to meet the faculty's criteria, as they had emerged from faculty discussions:

- 1) Academic background: an MHA, MSHA, or other advanced professional degree
- 2) Professional experience as a Chief Executive Officer or in an equivalent position for over ten years
- 3) National recognition by health care professionals and a national reputation in health administration
- 4) Mentorship and preceptor experience: several years of service to the Department's educational programs as a preceptor
- 5) Willingness to donate time and effort to the Department by returning the appointment salary to the University's Foundation for Departmental Enhancement

The Department was pleased to recruit as the first candidate for the new position some-

one whose exceptionally strong executive background and ties to the Department were highly congruent with the criteria. Paul Gross was an alumnus whose 20-year career had moved from work with nonprofit institutions that provided care to the poor, to prominence as President of the Hospital Division and Executive Vice President of the Corporation at a for-profit health care giant, Humana Inc. With strong ties as an alumnus and as a long-time preceptor for the Department, and a wide range of service on boards of directors, with community agencies and as a consultant to the Surgeon General of the U.S. Air Force, his credibility with faculty and students was assured.

The second, and current, Executive in Residence, Richard Kraus (MHA'64), is the former CEO of Chippenham Hospital. He too has been a lively and collegial presence at the Department since 1994, when he joined the adjunct faculty. In 1996 he became Executive in Residence. The memoirs of the Executives in Residence, both Department alumni, appear in chapter 9.

Faculty and Leadership Changes

The Department's faculty increased again during the 1980s. As noted earlier, Dr. Thomas Wan had joined the faculty in 1981, broadening its research as well as its teaching scope. Dr. Barbara Mark was hired in 1982 to develop the new graduate program in nursing administration. During the next two years, Dr. Elizabeth Harkins was hired as a faculty member and director of the health care management program; Dr. Alan T. Jensen was hired to replace Dr. Robert Modrow in teaching organization behavior; and Dr. Louis F. Rossiter joined the faculty to teach health economics and to strengthen the Department's research capability.

Three more key faculty members had arrived by 1984. Yasar Ozcan (subsequently, Dr. Ozcan) was hired to teach quantitative methods and computer technology, and especially to lead the design and development of the

Department's computer systems. He continued that work for many years and brought the Department into the era of computers. That same year, Dr. Karen Swisher joined the faculty to teach health law, develop the dual degree program with the T.C. Williams School of Law at the University of Richmond, and direct the Annual Law Institute and the Annual Health Care Ethics Institute. She later left for an executive position and then became Risk Manager for MCV Associated Physicians, but rejoined the faculty in 1992. The third new faculty member in 1984, Dr. James Begun, taught organizational behavior, strengthened the Department's research program and helped developed the doctoral program.

In 1986 Dr. Killard Adamache joined the faculty to bolster its research capability and to serve as a key grant manager for the Williamson Institute. Dr. Michael McCue also was hired then, to teach health care finance, and Dr. Anthony D. DeLellis was hired to teach in and direct the Health Care Management Program.

In 1987 Donna Clark joined the faculty as Director of the Department's new undergraduate program in Medical Records Administration. That year, also, Dr. Dennis Pointer was appointed to the Arthur Graham Glasgow Professorship of Hospital Administration, with responsibility for developing the Executive Program and strengthening the Department's other graduate programs, especially the doctoral program.

The faculty expansion continued during 1988-1989. Dr. Dolores Gurnick was appointed to teach health care organization and services and as Associate Director of the Williamson Institute. Dr. Jan Clement was appointed to teach health care finance. Dr. Barbara Brown joined the faculty in the Williamson Institute after completing her doctorate. Dr. Janet Lynch also joined the faculty after earning her doctorate, teaching in the undergraduate program. Dr. Robert Hurley was hired in 1989, contributing considerable expertise in managed care and organizational theory.

Several adjunct faculty, as well as full-time faculty from other University departments, made significant contributions in the teaching programs. Dr. David Wiecking taught health law throughout the 1980s, until illness forced him to retire. Dr. John Witherspoon was the mainstay of the Department's teaching about quality assurance. Drs. Gregory Arling, John A. Capitman, Larrie J. Dean, James McGovern and Bethany Spielman also provided valued teaching in their respective specialties.

In July 1989, when Dr. Roice Luke resigned as chair, Dr. Dennis Pointer was appointed interim chair and served until March 1990. Jerry Norville then became chair until his retirement the next year.

In 1991, Dr. Thomas Wan became interim chairman. In 1992, the faculty elected him as Chair, and he has served devotedly to the present time. Dr. Wan has worked tirelessly to increase the Department's external financial resources and strengthen ties with the alumni. His support of faculty development and collaborative research has strengthened the department, and he has fostered globalization of its programs to position it for the future.

The energy and euphoria of those times is best conveyed in the Department leaders' own words as they reminisce about the continuing evolution of the department toward excellence. There follow the memoirs of the Department Chairs who served, successively, from 1972 through 1998, and of the Executives in Residence.



Lawrence D. Prybil, Ph.D., Chair of the Department, 1970-1980

Memoir by Dr. Lawrence D. Prybil, FACHE, for 1970-1980

"These were exciting and enjoyable years, filled with the predictable challenges of moving toward a new vision and struggling constantly to find the resources needed to pursue the opportunities we sensed."

During FY1970, Marilyn, our two young children, and I were in Iowa City, where I was concurrently writing my doctoral dissertation, working part-time at University Hospitals and Clinics, exploring post-graduate opportunities, and—above all—looking forward to beginning the next chapter of our lives. We were fortunate to have several alternatives, and in the end chose to accept an assistant professor position in the—then—School of Hospital Administration at MCV/VCU in Richmond.

We always will remember the day in June 1970 when we submitted the final copy of my dissertation – with the little cover sheet signed by each of my committee members – and headed to Virginia on Interstate 80. What a happy and exciting day!

At that time, the School's faculty consisted mainly of part-time and adjunct members. Tom Barker was serving jointly as Director of the School of Hospital Administration and Dean of the School of Allied Health Professions, in which it was located. Ben Cullen served as Tom's assistant there, but devoted a lot of time to health administration matters. Herman (Moon) Mullins had joined the School of Hospital Administration as the first full-time faculty member the previous year, and I became the second full-time faculty member on July 1, 1970.

At that time, the MHA curriculum consisted of two semesters of on-campus work followed by a one-year residency. The curriculum focused on the operations of acute care hospitals, and the academic content did not have a great deal of depth. Residencies, mostly hospital-based, were mainly but not exclusively in Virginia. Preceptor and alumni support for the School of

Hospital Administration was excellent, a great strength upon which to build.

Over the next year Tom, Ben, Moon, and I devoted a great deal of effort to assessing and strengthening the course work. Defining educational objectives so that we could develop and integrate course content was both challenging and fun, and we benefited by having good, positive-minded students who seemed to appreciate our efforts.

For several reasons, including the small faculty size, the School of Hospital Administration had not conducted continuing education or research. Under Moon's leadership, we began some continuing education programming, mostly in collaboration with the Virginia Hospital Association, whose Executive Director, Stuart Ogren, was enormously supportive. We deferred any major initiatives in research because time and other resources were stretched, but I extracted a few articles from my dissertation and had a few other articles published as well.

In those early years, we were very fortunate to have Charles Cardwell as an adjunct faculty colleague. Mr. Cardwell had served as Director of MCV Hospitals for many years, was a widely admired and respected executive, and was a loyal supporter of the School of Hospital Administration. He participated actively in team-teaching our core course in hospital organization and operations, and was a great source of guidance and support for me, a newcomer to MCV and Virginia. Charlie introduced me to senior hospital executives throughout the state and in many ways helped Marilyn and me to become established in Virginia.

In the summer of 1971, after completing my first year in the School, Marilyn and I were feeling pretty good about things and looking forward to a new crop of MHA students in the fall. Then, without warning, I became ill with what eventually was found to be a large tumor in my right lung. Six weeks in MCV Hospitals, most of it in the respiratory intensive unit, and major chest surgery left me weak and thin—but

fully cured and deeply grateful to some extraordinary physicians and nurses at MCV Hospitals. I resumed some limited teaching responsibilities that fall, and gradually I rebuilt strength; by January 1972 I was back full-time. We made some good progress that year in curriculum development and continuing education.

In June 1972, the "School of Hospital Administration" was relabeled as a Department within the School of Allied Health Professions, and I was appointed Department Chairman and Associate Professor. I was 31 years old, younger than many of our students at that time. I was pleased to have the opportunity to lead the Department's continuing evolution; that summer, we recruited three new full-time faculty members: Jerry Norville, who brought a lot of maturity and savvy after 20 years in the USAF Medical Service; Martin Perlin, DBA, who had been working in a large hospital in Pennsylvania and had a special interest in institutional planning; and Scott MacStravic, who was working on his doctorate at the University of Minnesota and was interested in community health planning and research. Jerry, Marty, and Scott brought diverse skills and interests to the MHA curriculum and other departmental activities. All three shared our commitment to strengthen the MHA curriculum, further our continuing education and community service programs and begin building a research program.

In the 1972-1974 period, we devoted real energy to formulating the Department mission, goals, and priorities. By involving our preceptors and alumni committees, we built support for a Departmental vision that was much broader than the traditional operational focus in MHA curricula. Those were exciting and enjoyable years, filled with the predictable challenges of moving toward a new vision and struggling constantly to find the resources needed to pursue the opportunities we sensed.

Throughout the mid-1970s, Moon Mullins served as Associate Chairman, Jerry Norville directed continuing education, and Marty,

Scott, and I tried to make a little scholarly headway while also strengthening the MHA curriculum. We were joined by Robert Halonen, who was finishing a doctorate in health planning at Penn State. Ramesh Shukla came to us from the University of Wisconsin with a doctorate in operations analysis and research. David Wieching, M.D., J.D., who was appointed State Medical Examiner, joined the faculty to teach health care law. After a few years, Marty left to join a consulting firm in Chicago, and Bob became VP-Finance at Charleston Area Medical Center in Charleston, West Virginia (one of our residency locations). The talents of all these individuals made fine contributions to the Department's growing activities. We expanded the course work and rigor of the MHA curriculum, extending the on-campus phase to three semesters. Academic content and a major applied research project were added to the residency, which was shortened somewhat.

In those efforts, Robert Modrow, with a doctorate in medical care organization from the University of Michigan, made major contributions after he joined the faculty in the mid-1970s. Bob was bright, at times boisterous, and an excellent teacher with real devotion to the Department's mission. John Larson also joined our faculty then and, along with Bob, enlivened faculty meetings and debate. John had received his MHA from MCV/VCU in 1971, and a doctorate from the University of Manchester in Great Britain.

A baccalaureate program in long-term care administration was added in the 1970s. This program, funded by a federal grant, had been established separately within the School of Allied Health, but we were asked to take responsibility for it and to move it beyond the conceptual phase to be operational. Despite some reservations about the efficacy of an undergraduate program in health administration, the faculty decided to absorb it within the Department and try to articulate its goals and curriculum with those of our MHA program. Moon

Mullins directed the undergraduate program and made it work. The program gave us more faculty positions, which we gradually filled with fine people, including Eileen O'Neil, J.D., an exceptional young woman who contributed significantly to the undergraduate and graduate curriculum in her areas of interest.

Thus, by the late 1970s, the relabeled Department of Health Administration included both graduate and undergraduate programs, and a substantial continuing education effort guided well by Jerry Norville. Moreover, research and publications, though modest yet, were steadily increasing.

The MHA curriculum was getting pretty good. The faculty worked hard to set goals for it, and to coordinate courses that pursued those goals. The comprehensive examinations at the end of the two-year curriculum were strengthened; students had to satisfy the judgement of examination committees comprising full-time faculty, part-time faculty, and preceptors. Each year, one or more students had to take further course work and/or other academic activities to strengthen their knowledge in particular areas. After alumni had been out of school for a year or two, they were asked to evaluate their curriculum in view of its goals.

During the 1978-79 academic year, I served as chair of the AUPHA Board of Directors. I also alerted Tom Barker and faculty colleagues that during the next year I would examine my personal and professional goals and whether to continue at MCV/VCU or take another pathway. I enjoyed my year as AUPHA Chair, and the Association accomplished some worthwhile things, but by the fall of 1979, I had grown weary of driving back and forth to Washington, D.C. on Interstate 95. I was ready to focus on Departmental activities and my own future.

The 1979-1980 academic year was marked by several departmental accomplishments.

- Two years of effort met success when the W.K. Kellogg Foundation funded the development of a graduate curriculum in

nursing services administration, jointly by the Department of Health Administration and the School of Nursing.

- Our proposal to establish a doctoral program in health services management and policy, with some new faculty positions, received funding support from the University and the State.
- The Department's Master's program in health services administration won full five-year accreditation, receiving commendation and a few recommendations.
- After a series of delays, I completed research funded by Blue Cross/Blue Shield of Virginia on the long-term services provided by Virginia hospitals and, in concert with the Virginia Hospital Association, published the final report. Throughout this project, as in countless other ways over the past decade, Stuart Ogren of the Virginia Hospital Association gave rock-solid support to the Department.
- In 1980, I accepted an invitation by Ed Connors to join the Sisters of Mercy Health Corporation, in Farmington Hills, Michigan, as corporate vice president for administration, along with an appointment as adjunct professor in the School of Public Health at the University of Michigan. In June 1980, after exactly 10 years at MCV/VCU, Marilyn, our two children, David and Cathy, and I left Richmond for Ann Arbor, to begin another new chapter in our lives.

While many years have passed, our Virginia years are still vivid for Marilyn, our children, and me. We loved Virginia, our home in what was then a very rural and unpopulated area southwest of Midlothian, our colleagues in the Department and friends throughout Virginia, and the opportunity to help lay the foundation for a strong and contemporary enterprise in health service education and research. Roice Luke, Tom Wan, and their faculty associates have done a great job in extending and strength-

ening that enterprise.

Many memories and thoughts come to mind as I write these remembrances:

- My gratitude to Tom Barker and Ben Cullen for inviting me to join them at MCV/VCU, and for providing lots of latitude and encouragement to chart new directions for the Department.
- My fondness and respect for each and every one of my Departmental colleagues over that 10-year period, but most particularly for Moon Mullins and Jerry Norville—both of whom played such instrumental roles in our journey together.
- The many good days and the sense of accomplishment, which far outweighed the disappointments and setbacks we always encounter in an organizational setting. Moon, Jerry, Marty, Scott, Bob Halonen, Bob Modrow, Ramesh, Dave, Eileen, and many others contributed enormously, each in a unique way, to building the department. I will always cherish the memories of our working together.
- Apart from an occasional mistake in our choice, the terrific quality of the MHA students showed over the years. Each class was special, with their own personality, and all were enjoyable. Moon, Jerry, and our colleagues surely can always take pride in the quality of the approximately 300 MHA graduates from MCV/VCU during the 1970s. Their collective track record in the field, as far as I can tell, compares very favorably to the performance of other programs' graduates from that period.
- My appreciation for Stuart Ogren and his colleagues at the Virginia Hospital Association, for the Department's alumni, whose advice and support were invaluable; and for our preceptors, who always came through for us in so many ways. Alumni and preceptor support truly was one of the rocks on which we built the

department during that decade.

- Finally, I remember several individuals, now passed away, whose friendship and support for Marilyn and me and whose loyalty for the Department were invaluable: Charlie Cardwell; Harold Prather, the long-time CEO of Richmond Memorial Hospital; David Williamson, a key player in building Lewis-Gale Hospital & Clinic and HCA; Clarence Cauble, who did so much for MCV/VCU and the Department over the years; and John Stacey, who provided strong leadership for the University of Virginia Hospital. To each of these men, and many others who are no longer with us, I will be eternally grateful.

Marilyn joins me in extending to the University, the Department, its faculty, and its students our warm congratulations on its 50th anniversary and our best wishes for continued success as a leading educational program in health services management and research in the 21st century.



Roice Luke, Ph.D., Chair of the Department, 1982-1989

Memoir by Dr. Roice D. Luke, for 1982-1989

*"Frankly, there was no "worst of times"
in the 1980s. We had it all!"*

I arrived in the Department and began serving as chairman in the spring of 1982. Although I had high hopes for the department at that time, I could not have foreseen the opportunities that would present themselves over the next few years.

I came with one overriding goal, to increase the Department's national standing. I believed that would be accomplished only through two key objectives. First, we needed to increase the scholarly output of the faculty, an obvious prerequisite for any department seeking a high national ranking. Second, we had to become a larger department. I note that the second objective was consistent with the view espoused by Dr. Larry Prybil, who preceded me as Chair. I will never forget the last speech Larry gave as President of the Association of University Programs in Health Administration (AUPHA), I believe around 1980. His main message was that most health administration programs were too small to survive with strength. I agreed fully with Larry and came to VCU committed to do something about that. Although we had eight faculty lines at the time, so that we were one of the larger departments nationally, in my judgment we were simply too small to survive independently in the long run.

Not only did we accomplish both objectives, but in many ways we achieved far more than we could have imagined as we began our venture in the early 1980s. I will highlight 11 accomplishments in which I was involved that I think contributed to a dramatic advance in our national standing by the end of the decade. The Department

- recruited scholarly faculty
- increased the number of faculty
- improved the quality of our teaching programs
- increased research output and national reputation
- completed a major fundraising effort
- secured the Grant House
- started the Executive Program
- established the Williamson Institute

- started the dual Law/MHA Program
- restructured the department
- restructured the undergraduate program.

An important point is that Dean Thomas Barker fully supported my efforts towards all of those goals. Without his backing we could not have achieved anything near what we did in that period. Tremendous support came also from Jerry Norville, who not only led our educational programs with great competence, but also rendered invaluable counsel on all that I tried to accomplish. In addition to these two individuals, we were fortunate to have the support of forward-looking University leadership, especially Vice President Alastair Connell and President Edmund Ackell. The Dean, Vice President and President all supported our fundraising and proposals for program development. As a result, we were able to generate substantial additional outside funding for the department (e.g., the Cardwell Society, the New Ventures fund, the Ogren fund); establish the Williamson Institute, the Executive Program, and the dual JD/MHA Degree Program; acquire the Grant House; and integrate the Medical Records Program into our undergraduate program. Perhaps most importantly, we nearly doubled the number of faculty lines in the Department.

I was further supported by the tireless efforts of Carroll George, an invaluable and highly competent partner from the beginning to the end of my time as Chair of the Department of Health Administration.

The Department's Accomplishments, 1982-1989

Recruiting Scholarly Faculty. When I arrived, the department was already well recognized for the high quality of its teaching program and its exceptionally strong alumni. But we clearly needed to build up our scholarly output, which would depend directly on recruiting faculty who were active and recognized in research. Fortunately, Dr. Larry Prybil as Chair

had laid a foundation for that before his departure. First, the Department had recruited Dr. Ramesh Shukla, an individual with clear research skills and a growing national reputation. He had promptly won a major research grant from the federal government, which very possibly was a first for the Department.

Then Dr. Shukla had been instrumental in recruiting Dr. Thomas Wan, an individual with extensive experience as a researcher with the federal research establishment. He too had attracted major grant support, building on the efforts of Dr. Shukla. These two faculty, with the support of Dr. Prybil, had then taken the initiative to secure University approval for a doctoral program in our Department. Establishing a doctoral program was a highly significant step, since it demonstrated the Department's commitment to a more concerted research orientation.

At about the time of my arrival in the Department, Dr. Wan helped to interest Dr. Louis Rossiter in becoming a faculty candidate. After interviewing him, I was convinced that he was the right person to fill our open position in health economics, and so, with the support of the faculty, I approved his appointment.

On this strengthened foundation, we went on to build a first-rate research team throughout the 1980s. We were fortunate, as a number of faculty positions turned over early in the decade, to be able to go after really top-flight research faculty. In addition to Dr. Rossiter, they included such key individuals as Drs. James Begun, Allen Jensen, Karen Swisher, Mike McCue, Bob Hurley, Yasar Ozcan, Jan Clement, Dolores Clement, Howard Smith, and Dennis Pointer. Their recruitment, combined with the other strengths of the department, did much to establish the national ranking we enjoy today.

Increasing the Number of Faculty. We were able to bring on board as many excellent faculty as we did only because we had succeeded in increasing the number of faculty lines assigned to the department. When I arrived in

1982, we had eight tenure track lines. But with the addition of the Executive Program (five lines) and the acquisition of the Medical Records Administration Program (two lines), we nearly doubled the number of our positions in the 1980s. In addition, with a significant increase in soft monies we were able to bring in a number of additional research, teaching, and administrative faculty (e.g., Elizabeth Harkins, Tony DeLellis, Killard Adamack, Chuck Breindel), all of whom added immeasurably to our overall output and accomplishments as a Department. The increase in faculty did much to propel us into the elite group of programs nationally.

Improving the Quality of Our Teaching Programs. Two factors made it possible for us to improve the quality of our teaching programs. First, of course, was our recruitment of excellent faculty. But, second, we had the able leadership of Professor Jerry Norville, who did much to streamline our teaching programs, push us all to bring the latest management content into our courses, and encourage us to use the enormous human resources available in the field (alumni and individuals in health care companies, law firms, governmental agencies, etc.). When I arrived, I appointed Jerry both as Director of the MHA Program and as Associate Chairman, in which capacity he led all our educational programs. One clear indication of our success in those years is the fact that we consistently earned the highest rankings from the Accreditation Commission.

Increasing Research Output and National Reputation. The recruitment of a scholarly faculty, the increase in the number of faculty, and the improvements in our teaching programs together significantly raised our national standing as a department. Knowing the potential of the quality of faculty we had, I did all I could as Chair to reward those who advanced our national reputation. I used faculty salary increases (we actually had some in the 1980s!), faculty promotions, and other resources to

encourage and reward high performing and nationally recognized faculty.

The result was that we became a highly productive faculty, generating funded and unfunded research and publishing refereed papers, books, and other scholarly papers. These accomplishments helped us earn high scores from the Accrediting Commission, attract top quality students to our programs, and earn the support of alumni and the University. All of this, in combination, helped us move into the top ten among graduate programs nationally.

Completing a Major Fundraising Effort. One of the most satisfying aspects of my efforts as Chair was working with the alumni to accomplish many of the goals we established for the Department. We have been extremely privileged to have high quality and distinguished alumni, who did a great deal to help us develop the department throughout the 1980s. I worked with the following Presidents of the Alumni Executive Committee: Donald Wechsler (1981–1982), Jerry Brink (1982–1983), Carter Melton (1983–1984), David Bernd (1984–1985), Steve Montgomery (1985–1986), Wick Lyne (1986–1987), Bill Moss (1987–1988), Caroline Martin (1988–1989), and Bill Adams (1989–1990). I also was materially assisted in all that I did by James Dunn from the Dean's office. He knew our alumni very well and was highly respected by them, and he was instrumental to all our fund-raising efforts during that time. Jim and I were fully supported by Dean Barker.

In early 1983, it became clear that to meet our goals we would have to increase significantly the level of funding from alumni, friends of the department and private corporations. As it turned out, the timing was right for us to make this a priority. The University was itself just beginning a major fundraising effort, within which we were able to give a high priority to development. After many meetings with the faculty, the Dean, University leadership, and alumni leadership, we settled on a goal of raising just over \$1 million, primarily to support

renovations of the Grant House and to establish an institute within the department. With an initial gift of \$50,000 from the MCV Foundation, we kicked off what turned out to be a rather extended but ultimately successful campaign.

In 1985, I became acutely aware that we needed a boost to make the campaign move forward. So I set up a meeting with David and Betty Williamson at the Homestead, where they were attending a meeting of the Virginia Hospital Association. My objective was to ask David to chair our fundraising effort. I felt some reservation; I knew David, who was extremely busy as Vice Chairman of HCA, was seriously ill and might even not have long to live. However, as we desperately needed help, I went ahead with the meeting. That meeting was one of the most memorable and certainly the most touching of any I had as Chairman. After discussing the department's goals, the overall fundraising campaign, and the many possibilities for the department, David accepted my request that he lead our fundraising program.

From that time forward, David gave us all the time he could spare and more, until his untimely death a year later. As a result of his efforts, we succeeded in reaching our fundraising targets, which of course made it possible for us to move ahead with renovations to the Grant House. Two key funds were established during this period—the Cardwell Society and the New Ventures Fund.

At the end of my time as Chairman, we topped off our fundraising with a major gift from the Virginia Hospital Association (VHA). In honor of its recent past president, Stuart Ogren, the VHA contributed \$225,000 to the Department to establish the Ogren Fund, which provides financial support for students today.

Securing the Grant House. A major benefit of the fundraising effort was being able to fund renovations to the Grant House. In 1983, it had been painfully clear to us that we needed new space. To our then headquarters in Randolph Minor Annex, we had added the fifth

floor of the Nursing Education Building and the basement of the Lyons building. Our faculty were thus spread over three buildings, the Lyons building being four to five blocks away from Randolph Minor Annex, and the Nursing Education Building a block away.

My hope was that we could consolidate the department in the Egyptian Building. (Of course, I thought our nationally ranked department deserved to be housed in a major historic landmark!) So on September 1, 1983, I assembled a star-studded group of alumni and, with Dr. Barker, went off to meet President Edmund Ackell and Vice President Lauren Woods to discuss our need for new space. In attendance at that meeting were:

Thomas Barker	Wickliffe Lyne
David Bernd	Carter Melton
Jerry Brink	Stephen Montgomery
Roice Luke	John Simpson

After President Ackell and Dr. Woods dismissed my pitch for the Egyptian Building, which they said belonged to the Medical School and simply could not be made available, President Ackell turned to Dr. Woods and said: "How about the Sheltering Arms Building?" My immediate thought was, "Oh no, we're going to be given a dump!" I knew nothing of that building and supposed it might not be all that desirable. But to my amazement, it turned out to be the jewel of the campus. And it was a major historic landmark besides!

With our successful fundraising completed, renovations began in 1991, and the Department moved into the Grant House on May 18, 1992.

Initiating the Executive Program. Over the years, I have learned that serendipity is often pivotal in what we accomplish as leaders of organizations. And that was true of the Executive Program. I would like to think that good strategic thinking and planning were decisive in this. But I know that luck and timing were of at least equal importance. They say that Napoleon liked generals who were lucky.

In any case, as we considered ways to in-

crease the number of faculty in the Department, I became convinced that we needed to add some kind of innovative educational program that could capture the support of the University and state leadership. Though the faculty generally agreed, there was little agreement on what kind of program that should be. After several proposals and some unsuccessful trial balloons, I proposed something similar to the innovative executive program that the University of Colorado had established in collaboration with four other universities in the West. While at the University of Colorado, I had had some involvement in that program's creation. But this type of program, a combination of on-campus learning with off-campus computer conferencing seminars, was almost too "innovative" for us, or so it seemed. Initially, the faculty were nearly universally opposed. And I was fairly certain that the alumni would not be thrilled with it, either. But Dr. Barker was supportive, and so I persisted.

At that time, I was serving on the board of our professional association, AUPHA, and so too was a good friend, Dr. Dennis Pointer, who as a faculty member at UCLA had played a lead role in establishing the University of Colorado Executive program. At one of our board meetings in Washington, I approached Dennis about the possibility of coming to VCU to help me establish an executive program in our department. To my surprise, he was enthusiastic about the idea, and to make a long story short, we recruited him as a faculty member. Dennis worked closely with Dr. Barker and me and with Dr. Larry Dean, the Assistant Dean, and Alastair Connell, Vice President of MCV, to push through a proposal. The University agreed to fund the program and establish it within the Department. The program accepted its first class in June 1988.

I would be remiss were I not to acknowledge the important roles of Larry Dean, of the Dean's office, and Denny Pointer in bringing the Executive Program into being. Upon his arrival, Denny led in working out the details of

the program and pushing through our proposals. I wisely appointed Denny as the founding director of the program, and he was instrumental in getting it off to such an excellent start. We all owe Denny a major vote of thanks for his effective service to the Department in this area. It was Larry Dean who shepherded our proposal successfully through the intricate webbing of University offices and state agencies. Larry had had considerable experience working with the State Council of Higher Education. He therefore managed to pave the way for approval of what clearly was not a sure thing.

Establishing The Williamson Institute. From the very beginning of my time here at VCU, I had thought it important that we establish a center or institute of some kind, with which we could further our reputation as an important research institution. Dr. Shukla, who had been advocating such an entity long before I arrived on the scene, shared this view. He and I spent many hours working to establish a center that focused on information systems, computers, research, organizational strategy, or some combination of these areas of emphasis. Our efforts reached fruition when we succeeded in getting the University to place an institute for us at the top of their priority list for fundraising. The funding was ultimately raised—again, thanks especially to the work of Jim Dunn and David Williamson.

In recognition of all that David Williamson had accomplished, the University approved my request that an institute be established and named for him. In October 1986, knowing that David was in failing health, Dr. Ackell wrote a letter, dated October 29, 1986, that confirmed the University's intention to recommend to the Board of Visitors that an institute be established and named for David. The letter was read to David and Betty in the last week of David's life. At their May 1987 meeting, VCU's Board of Visitors officially approved President Ackell's request and established The David G. Williamson, Jr. Institute for Health Studies.

I then appointed Dr. Louis Rossiter as the Institute's founding director. Lou did a tremendous job of building up the Institute. While I won't go into detail here, suffice it to say that he almost single-handedly assured the Institute's wide recognition not only in the state, but nationally. Dr. Wan and then Dr. Shukla succeeded Lou. They too did a great deal to advance the Institute. I am now privileged to serve as Director of the Institute.

Starting the Dual Law/MHA Program.

One of my most insightful colleagues in the Department was Dr. Karen Swisher. She often came to me with excellent ideas for developing the Department. Perhaps her best idea was that we establish a dual degree program with the T. C. Williams School of Law at the University of Richmond. I agreed, and in 1987 this was accomplished, largely because of her determined leadership and the wise support of Jerry Norville. The program has been a real success. We now have over 15 very distinguished JD/MHA alumni serving in the fields of health care and law.

Restructuring the Department. Perhaps this could be overlooked by the history, but I think it was an important development in how we govern ourselves. When I arrived, the Chair also served as Director of the MHA Program. I had served as Program Director at the University of Colorado, where the MHA program was located in the Department of Preventive Medicine and so the Chair and Director roles were separated. From that experience, I concluded that these two positions should be separated here at VCU, as well. I also thought the Chair should devote more time to development, which indeed became my focus during my tenure. Upon arrival in the department, I appointed Professor Jerry Norville as Director of the MHA Program, and as Associate Chairman with overall responsibility for the Department's educational programs, in which capacity he served with distinction. Had this not been done, there is no doubt that the programs would not have been

as well organized, and the significant developmental activities of the 1980s would not have been possible. This structure remains in place.

Restructuring the Undergraduate Program. It became clear to us that both our own undergraduate program and the Program in Medical Records Administration would be strengthened were we to bring them together within the same department. We could draw upon our own doctorally trained faculty to teach selected courses on information systems for medical records administration students, and we could draw more attention to both programs, were we to bring them together. We also believed that we could achieve some efficiencies were we to integrate the two programs. So, with the support of Dr. Barker and our own faculty, the Program in Medical Records Administration was brought into the department and integrated with our undergraduate Program in Health Care Management.

As it turns out, this was not an easy acquisition, since there were important differences in the academic requirements for faculty in the two departments, as well as in the two programs' requirements and constituencies. Elizabeth Harkins, Tony DeLellis, Donna Clark and Jerry Norville all worked effectively to bring the two programs together.

Ironically, a few years later the University suffered cutbacks in state funding that ultimately caused the demise of both undergraduate programs. In 1991 the department accepted the full budget cut facing the School of Allied Health Professions, in exchange for which the University agreed to close the programs but allow the department to retain all of its faculty positions. By that time, the doctoral and Executive Programs were well under way, and every position was needed.

In sum, I look upon my time as Chair of the Department of Health Administration as one of the great experiences of my professional life. I worked with some great alumni, highly capable faculty, and dedicated staff and Univer-

sity leadership. It was in many ways “the best of times” for the department. We doubled our faculty and budgetary resources, expanded our programs, obtained a wonderful building, rapidly entered the computer era, and positioned our department as one of the foremost in the field. Frankly, there was no “worst of times” in the 1980s. We had it all!

Memoir by Jerry L. Norville, 1972-1992

“Overall, I was the workhorse of the Department for twenty years, who did what had to be done when it had to be done, as well as it could be done under the circumstances. Though I often complained, I enjoyed every minute of it—enjoyed the students, the faculty, and the alumni.”

The Dream

Before joining the faculty of the School of Hospital Administration, as it was known in early 1972, I served for three years as a Master Instructor and as Director of the Medical Service Administration Program at the United States Air Force School of Health Care Sciences in Texas. Teaching with me in that program was Major Herman Luther “Moon” Mullins, a native of Virginia and a graduate of the School of Hospital Administration at the Medical College of Virginia. As teaching colleagues and close personal friends, Moon and I often dreamed and talked about what career we might pursue when we retired from the USAF Medical Service Corps. We considered operating a nursing home, finding executive employment in a hospital or perhaps continuing to teach. We were both considered outstanding teachers by our colleagues and most importantly by the Second Lieutenants to whom we taught the ways of hospital administration in the Air Force Medical Service.

Since Moon was older, he was eligible to retire first. As an alumnus of the MHA program at MCV, in 1969 he contacted Dean Thomas

Barker of the School of Allied Health Professions and Dr. Benjamin T. Cullen Jr., who was Acting Director of the School of Hospital Administration and Associate Dean of the School of Allied Health Professions. Fortunately for both the School and for Moon, a grant had just been awarded by the Kellogg Foundation that would double the size of the School’s faculty from three to six. Moon retired from the Air Force in 1969 and joined the full-time faculty, which consisted of Drs. Tom Barker, Ben Cullen and Leigh Rooke.

From the day in 1969 when Moon left to come to MCV, I had a dream of joining him as a fellow faculty member teaching hospital administration. I put aside all other thoughts of a second career and concentrated on getting myself prepared for a faculty position at the Medical College of Virginia. First, I researched and read extensively to learn more about the field of hospital administration. Then I earned an MBA degree in the evening division of Midwestern State University, Texas. The MS degree in management I had earned in 1967 at the University of Colorado had been excellent preparation, but lacked sufficient content in accounting, finance, and quantitative methods, since it was a degree in organizational behavior and human resources management. The MBA rounded out my preparation. Finally, as preparation for fulfillment of my dream to join the MCV faculty in hospital administration, I sought and accepted a teaching appointment preparing undergraduate business students at Midwestern State University and taught there two to four nights weekly for two years.

A Dream Fulfilled

Since I would be eligible for retirement from the Air Force in 1972, I turned down a promotion and applied to the School of Hospital Administration for a teaching appointment. In spring, 1972 I was appointed as Assistant Professor and Director of Continuing Education.

My duties began with a series of trips during the spring and summer to help plan the conversion of the School to the Department of Hospital and Health Administration, to help select a new chairman for the Department, and to plan continuing education programs funded by a new grant. The dream had been achieved.

Full-time teaching duties began in August 1972. Thanks to "Moon" Mullins, my reputation as a work horse had preceded me, and I was immediately loaded down with courses, advisees and residents to supervise and visit in the field. But at age 36, with more than 21 years of military service behind me, I was happy and eager to face the years ahead in my second career. Not a bad start for a ninth-grade dropout who had fibbed and enlisted at age 15 to get some action in Korea.

I wasn't the only fresh kid on the block in 1972. Youthful-looking Dr. Larry Prybil had joined the faculty in 1970, and in 1972 we also added Robin "Scott" MacStravic [soon to be Dr. MacStravic] and Dr. Marty Perlin. The faculty had indeed doubled from three to six. Even so we could not have been successful without the full and willing support of our adjunct faculty and preceptors, some of whom had already been supporting the MHA program, with distinction and without pay, for more than twenty years.



Jerry Lee Norville, Professor and Director of the MHA Program, 1972-1989, Chair of the Department, 1990-1999



Professor Norville with MHA students from the Armed Forces



Annette Henry, Program Support Technician of the MHA Program, 1972-1994

Having unanimously elected Dr. Larry Prybil as Chair, the faculty worked vigorously to strengthen the MHA program, expand faculty research, and develop an active continuing education effort as well as a consulting program to serve the alumni. I plunged into classroom teaching, presenting continuing education programs and supervising advisees and residents. In no time I found myself fully involved in the challenges of the teaching and service role for which I had been hired. Along the way, I somehow found time to earn a Master's Degree in employment law, which bolstered my teaching capability in the area of human resources, labor relations and employment law.

Modest Contributions to the Department

What did Jerry Norville contribute to the success of the Department? In essence, I spent twenty years doing whatever had to be done to help the programs, students and other faculty succeed. I wore many hats over the years: Direc-

tor of Continuing Education; Coordinator of the joint certificate program with the University of Virginia; Director of the Undergraduate Program; Director of the MHA Program; Associate Chairman, Chairman, and other titles I can't remember. By effectively accomplishing the many administrative and student service chores that others might not want to do, I was able to relieve the other faculty of these duties and thus provide them with the time needed to obtain grant funding, accomplish research and publish.

Over the years I consistently taught more courses each year than anyone else, either because I was qualified or because no one else wanted to teach them. One year I taught nine separate preparations; most years I taught at least six. During many years, I planned and conducted twenty-five or more continuing education programs. Each was a learning experience in the "real world" that could then be applied in the classroom.

For several years I taught the Department's courses during the day and then drove to either Charlottesville, Norfolk or Fairfax two nights per week to teach in the cooperative certificate program with the University of Virginia. (This program was the forerunner of the Department's undergraduate health care management program.)

I take pride in having seen the need for, and in establishing the Annual Ethics Institute. Although the Institute served the alumni and others in the field, it was primarily for the students. My belief has always been that having the requisite knowledge and skills in health administration is not sufficient without a solid base of business and medical ethics.

I am also proud of having sensed the need for and established the Department's Executive Skills Program, which provided sixty hours of supplemental executive skills training for graduate students. Many alumni tell me that the skills learned in this voluntary program have served them well in their positions. I applaud the students who completed this voluntary program in addition to the rigors of their

regular course load.

My personal attention to the residency placement needs of students and the job needs of both graduating students and alumni was certainly a major contribution. A very effective job placement service at no cost to students or alumni resulted in hundreds of job placements over the years.

The continuing education planned and directed over the years provided many excellent programs to those in the field, brought considerable revenue to the Department, and gave the faculty an opportunity to earn supplemental income as well as to interact with the health care industry.

Overall, I was the workhorse of the Department for twenty years, who did what had to be done when it had to be done, as well as it could be done under the circumstances. Though I often complained, I enjoyed every minute of it—enjoyed the students, the faculty, and the alumni.

Notable Contributions to the Department, 1972-1992

This section will surely offend someone by what I either say or don't say; however, I could not let the opportunity pass without a few comments about those dedicated people that helped lift the Department of Health Administration to the level of international recognition that it has today. So, here goes:

Tom Barker, for his efforts in establishing the School of Allied Health Professions and leading it to national acclaim while still ensuring that the Department of Health Administration received the support it needed to thrive.

Ben Cullen, for filling the role of tending to all the important day-to-day things that were needed for the best interests of the Department, its faculty, its students and its alumni.

Larry Prybil, for his dedication and outstanding leadership of the Department during the difficult times of the 1970s when we began bold new programs without corresponding re-

sources, and for his many other contributions during his ten years with the Department.

Moon Mullins, for his leadership and development of the undergraduate program, for being one of the best teachers in the Department's history, and for being the best advisor and friend the students ever had. We miss him.

Tom Jordan, for the many dedicated years he spent ensuring that the students knew enough law to stay out of jail and for his lasting contribution in establishing the original Law Institute, which served the Commonwealth well for more than thirty years.

Scott Macstravic, for bringing marketing to the forefront in health administration and for single-handedly doubling in his first year here the number of articles published by the other faculty.

Marty Perlin, for bringing health planning skills to our students and for being so bold as to teach an excellent course in health economics.

Clarence Cauble, for ensuring that future administrators appreciated the importance of understanding medical records and medical terminology, and for his ever-present, contagious sense of humor. We miss him.

Bill Delamar, for teaching students to think systematically and to use industrial engineering tools in decision-making.

Emmet Reid, for hundreds of excellent case studies and for keeping a steady hand on the admissions committee to ensure that only the best candidates were accepted.

David Wiecking, for his brilliance in medicine and law and for taking time to share it with the students for 15 years before his medical retirement. We miss him and wish him well.

John Markham, for his contribution in teaching practical financial management to graduates and undergraduates, and especially for sharing the skills of keeping a pipe lit.

Paul Williams, for his efforts in the early stages of the new undergraduate program, and for being the only professor I ever knew who

did not have any books in his office.

Bob Modrow, for his lasting contribution to the students and to me in teaching them to think and write clearly in preparing management reports.

Charles Breindel, for his outstanding teaching during his first employment with the Department, for his program leadership during his second period with the Department, and for his courage in leaving health care to pursue a higher level of care in service as a priest.

John Larson, for his teaching contribution during his first employment in the 1970s, for his always present, friendly and uplifting smile, and for his leadership of the executive program upon his return to the Department in the 1990s.

Ramesh Shukla, for his widely recognized contributions to students and practitioners in teaching them to use systematic engineering methods to improve productivity in health care delivery, and for his two decades of service to the Department.

John Witherspoon, for introducing to our students an appreciation for and skills in implementing quality care programs and for his service of 25+ years as my personal physician, who has brought me through five heart attacks, bypass surgery and most recently a colonectomy. Physicians don't get any better.

Tom Wan, for his untiring efforts in teaching and in providing leadership for the department, his singular efforts in building the doctoral program, his willingness to shoulder the load when others have declined and his "skills" as a poker player.

Liz Harkins, for leadership of the undergraduate program as well as her overall contribution to the Department.

Donna Clark, for outstanding leadership of the Medical Records Program and her role in moving the program toward its future as a program in Health Information Management.

Barbara Mark, for her untiring efforts in establishing and providing leadership for the

joint program in Nursing Administration.

Roice Luke, for his years of exceptional leadership as Chair: his efforts in establishing the Williamson Institute, in getting and renovating the Grant House, in implementing the Executive Program, and introducing into the curriculum a solid course in strategic management.

Dennis Pointer, for his outstanding teaching ability, his driving energy, his leadership as Acting Chairman for a brief period, and most of all for being the “founding father” of the executive program—few have contributed more.

Louis Rossiter, for his early work in and leadership of the Williamson Institute, the recognition he gained for the Department, his excellent teaching, and his willingness to lose at the poker table without complaining.

Jim Begun, for his steady, reliable, informal leadership of the Department, his teaching skills, his contribution in providing leadership to the doctoral program, his wonderful sense of humor and his award as “poker player extraordinaire” presented to him by the faculty poker club.

Karen Swisher, for her dedication to both students and faculty, her willingness to get jobs done that others duck, her selfless service as “social chair” of the Department, and her willingness to let husband Peter play poker with the sharks of health administration.

Tony DeLellis, for his dedication to and service as Director of the undergraduate programs, for his untiring teaching contributions to the executive skills seminars, and for his substantial contribution to the Department’s continuing education programs.

Yasar Ozcan, for his early efforts in introducing computer technology into the Department and personally maintaining it, for his later technical leadership and expertise in converting the Department into a truly high tech working and learning environment, for his major contribution in expanding the horizons of the department into the interna-

tional presence it now enjoys, for his sense of humor that we all enjoy so much, and for sharing the duties of “master of the poker table” with Dr. Big Al.

Mike McCue, for his solid contribution in teaching financial skills to the Department’s students, for his leadership of the doctoral program, and for his steadfast resistance to losing more than pocket change at the monthly poker party.

Jan Clement, for her excellent teaching in the difficult, ever-changing field of health care finance, for her scholarly work, and for her leadership of the master’s programs of the Department.

Dolores Gurnick Clement, for sharing a world of relevant experience with the students, for outstanding teaching that is seldom equaled, and for providing excellent leadership of the master’s programs.

Bob Hurley, for being an exceptional teacher, for contributing to the Department’s continuing education programs, and for setting the pace in research.

In addition to those just named, countless preceptors, guest lecturers, and adjunct faculty over the years have given a level of voluntary support without which the Department could not have been successful. I express my sincere appreciation for their support. They are the enduring fabric of the Department.

Finally, a word about the students who graced the doors of Randolph Minor Annex between 1972 and 1992. Each of them has won a place in my heart forever. Notwithstanding an occasional moment of exasperation over the years, I loved every moment of watching each of you develop the knowledge, skills and values that would serve you well in your careers. I am proud to have played a small part in your growth and in your life. Keep the “fire in your belly,” love and enjoy what you do, and someday you too can reflect on those who meant so much to you in your career and your life. It is each of you who deserve the praise and recognition.

A Few Anecdotes

I just could not end this contribution to the Department's history without sharing a few stories.

Table Top Professors, Gruesome Specimens, Duke, and A House of Ill Repute

Recently Ken Axtell [MHA'61] and I had occasion to compare some memories of the faculty. We recalled that Charles Cardwell and Carl Parrish were table-top professors. Carl's favorite teaching position was sitting on the table at the front of the classroom with his legs crossed, as a wise old native Indian might have sat in his teepee. Charles Cardwell was a leg dangler, who sat on the same table with his legs dangling and swinging to the rhythm of his teaching. Dr. Geoffery Mann, State Medical Examiner, often brought to the classroom the most gruesome specimens he could find in order to shock the young aspiring hospital administrators. George Bokinsky gave time to extolling Duke's athletic accomplishments as well as teaching the skills of hospital administration; he was a welcome break in the classroom and served the program throughout his career as both a teacher and preceptor. Finally, Bob Hudgins kept the folklore of the Newton House alive. The Newton house served as the Department's "home" for several years in the 1960s, but in its earlier and grander days, the Newton House had been a well known house of ill repute. If only its walls could talk!

William Hamilton Flannagan

The first resident/preceptor visit I made was to Roanoke Memorial, a hospital famous throughout the south for its "Ham." I had been forewarned directly and through some exposure to the folklore of the Department that William Hamilton Flannagan, aka "Ham," delighted in intimidating new students and especially new faculty—just for the fun of it, with no malice intended. I quickly decided that he could not be any more challenging than some of the senior

officers with whom I had spent my military career. Fortified with this attitude and a list of questions intended to keep him so busy he would have no opportunity to have fun with me, I entered his office. Much to my surprise, he "took a liking to me," as he had to Moon Mullins. Instead of attacking me as I had expected, he spent most of his time over the next few months showing the youthful Larry Prybil, our newly appointed chairman, the Ham version of how to intimidate a new chairman. Ham remained a steadfast and willing supporter of the program for more than thirty years until his retirement. To my knowledge, he served as preceptor to more MCV graduates than did any other preceptor. He has been and is one of those unforgettable characters in one's life.

The Hill-Rom Ranch

One of the highlights of the 1970s was the annual invitation by Hill-Rom for students and faculty to visit their hospital furniture and equipment plant and to stay at the company's country club ranch in Indiana. (The invitation also included a side trip to Batesville Casket Company, owned by the same corporation.) In that era conflict of interest was not a major issue. Though the intent of the company to promote its products was clear, no one gave any thought to the idea that a graduate of the program would subsequently purchase Hill-Rom products unless they met specifications and the company submitted a competitive bid.

These trips each year afforded a much needed break for both students and faculty; they were educational; and they promoted bonding among the students and faculty that would last a lifetime. In later years, however, the question of conflict of interest arose and such invitations were declined.

Good Ole Boys

Students of the 1970s and early 1980s will long remember the "Good Ole Boys Night" at the Norvilles' each year. These parties were timed to allow both students and faculty to blow

off the stress that always accumulated during the academic year. Later, with more women students, the party name was changed to add "and Good Ole Gals." Costumes were worn and the best dressed good ole boy and good ole gal were given presents; there also was an essay contest to see who could write the best description of a good ole boy or good ole gal, with the winners getting special prizes. Prizes were also given for "name that tune" (country of course) and for pool shooting expertise. As time passed and the nature of the student group changed, a night of such types of fun and frivolity became passé. I understand the doctoral program now has ice cream socials and the master's students play badminton at afternoon picnics. How times do change!

Beating A Dead Horse

In his early years as Chairman, Larry Prybil called regular joint meetings of the faculty and students, which served the good purpose of promoting free communication between faculty and students; however, sometimes they would get somewhat repetitious and boring. On one occasion in 1977, Chairman Prybil had belabored a point for some time and the meeting became lengthy. A break was called for and everyone left the room for refreshments. When we returned, neatly posted on the board in the classroom for all to see was a sketch depicting realistic likenesses of all the faculty sitting at the table at the front of the classroom. There they were: John Markham with his ever-present pipe, Scott MacStravic doodling as he usually did, Jerry Norville with hair in disarray as always, while every hair on the head of Larry Prybil was in perfect position as always, and Moon Mullins resting his head in his hands as he was prone to do when the meetings dragged on. At the feet of this sitting menagerie of comical characters lay a dead horse that was being beaten with a long stick in the hands of Larry Prybil. The meetings got a little shorter after that. Yes, Colo-

nel Phil Marler, we know you were the artist.

The Starkweather Planet

In 1976 the Department was most fortunate to host Dr. David Starkweather, Director of the Graduate Program at the University of California, Berkeley as a Visiting Professor. A legend in his time, Dr. Starkweather had already gained an international reputation for meaningful research and excellent teaching. At the Medical College of Virginia he made a significant contribution to both the faculty and students as well as to the hospitals he studied throughout Virginia while here. David was as down-to-earth as they come, loved blue grass music, and fit in well on the faculty.

On occasion, David allowed himself to present his very forward-thinking ideas about health care to his students; a brilliant scholar, he was far ahead of his contemporaries on many issues. One day, he finished the first half of his class and called for the usual break. When he and the students returned to the classroom, the front chalkboard, which ran the entire width of the classroom, bore a colored chalk drawing of the planets lined up in order (Mercury, Venus, Earth, Mars, etc.) At the far end of space, well beyond the other planets, was "Planet Starkweather."

Preceptors Meet New Faculty Member

As Director of the Graduate Program in Health Services Administration, I planned and conducted the annual Preceptors' Conference. My past experience had been that these could be rather dull affairs, apart from the camaraderie among the preceptors. One particular year, because of lack of meeting space on campus—and also the desire to liven up the meeting, I scheduled the preceptors' conference at the Hyatt Hotel. At the beginning of the conference I told the preceptors that I wanted to introduce the newest member of our faculty, and I turned to the door to motion for this new faculty member to enter. As eager eyes turned to see who that might be, in strode a belly dancer

well known on the Richmond entertainment circuit. She entertained us with her artistic talents for the next few minutes and received a grand ovation. I received an oral reprimand for "such foolishness." The folly of youth!

Student Motivation Apparatus

Just last week one of the many former students with whom I still communicate sent me an e-mail in which she mentioned a particular teaching case I used because she had a very similar situation in her present position as a senior officer in a military hospital. In reminiscing about the case she commented on the incapacitating physical terror that afflicted her when she had to stand and face my critique of her case solution. Perhaps I was a little intimidating at times, but it was all in the interest of motivating students to give every case study their best.

As a symbol of my sometimes intimidating teaching style, one class constructed a "motivational device" for my use. The apparatus consisted of a fully clothed leg, a foot with a very large shoe, and a pulley attached to a treadle. When one stepped on the treadle, the leg and foot lifted and the shoe moved to the exact angle needed to deliver a kick in the butt. The Norville motivation apparatus remained on display in the Department for years. Whenever a particular class became a little slack, I would haul the motivator into the classroom. Its mere presence made the point.

Norville Visits the "Communists"

In the late 1970s I visited New York City for a continuing education program. Before leaving Richmond, I called the headquarters of 1199 National Union of Hospital and Health Care Workers and invited myself to visit; to my surprise, they said I would be welcome. The union had been started in the 1930s as a union for pharmacists by Leon Davis, who was supposedly an avowed communist. It had grown over the years to be a union for all types of hospital employees, including doctors and nurses. Given

Davis' background, many in the health care industry labeled the union as "communist dominated" and exploited that image to try to prevent unionization of employees. The headquarters building did have plaques with quotes from Karl Marx, most with the same theme of "one for all, all for one." I was made welcome there and treated with the greatest respect by the union's leadership. In fact, the union's Senior Vice President for Organization came at his own expense to speak at our next Law Institute.

Ralph Battersol

Most of the alumni I have never heard of Ralph Battersol, but many in hospital administration throughout the Commonwealth have. In the 1970s and 1980s, unionization of hospitals and nursing homes in Virginia and nationally was considered a looming threat by their administrators. The members of the Virginia Hospital Association wanted an educational program to alert hospital managers and supervisors to this threat and show them how to avoid unionization of employees. Larry Sartoris of the VHA and Jerry Norville from MCV teamed up to meet their need. Ralph Battersol was born of this effort. Dozens of seminars were scheduled throughout Virginia. Larry Sartoris, Assistant Executive Director of the VHA, who was trained as an attorney, would begin each meeting alone. Fifteen to twenty minutes into the session, a stranger would slip into the back of the room. He was an ominous figure with a big, thick mustache. At more than six feet in height and carrying 215 pounds, he appeared intimidating to many, especially when they noticed that he was wearing a conspicuous cap that had written on it "1199 National Union of Hospital and Health Care Workers."

At first this intruder was ignored by Larry Sartoris, who continued to lecture. In a few moments, however, the entire audience would be looking toward the back of the room. At that point the intruder would swagger forward toward Larry and loudly announce that he was

"Ralph Battersol of 1199" and that he was here to stop this "badmouthing bullshit" and to set the record straight about the value of unions in hospitals. Larry Sartoris would then attempt to stop "Ralph Battersol" by asking him to leave and threatening to call the police. "Ralph" would totally ignore Larry and continue his tirade about the virtues of unionization and the evil of management. At this point members of the audience would become involved and begin shouting at poor "Ralph." On more than one occasion, one or more large men stood and moved toward physically ejecting "Ralph" from the meeting. At that point Larry would introduce "Ralph Battersol" as Professor Jerry Norville, who would be one of the speakers. Did unions ever make inroads in Virginia? Not really—thanks to Larry Sartoris and Ralph Battersol? Actually, the union threat was not that great and the seminars probably were not needed, but what fun we had doing them. Larry Sartoris still calls me "Ralph."

The First Word Processor

The Department is now a "high tech" work environment with all the latest hardware and software capabilities available, but it wasn't always so. It wasn't until 1980 that the Department got its first word processor. Note that I refer to it as a word processor, because that is all the machine would do. It was not a personal computer in any sense of the term as we know them today. This "monster," as the office staff called it, was about as large as an upright piano and took up half of the office space behind the counter. The office staff tried it, didn't like it, and returned to their electric typewriters. With the exception of Jean Heck, the faculty also avoided it. Jean, who was deep into the middle of his Ph.D., fell in love with the "monster," mastered it as well as one could, and spent hours typing and retyping his dissertation draft. When he left the faculty, no one used the machine. It was then moved to the small space next to the men's room, never

to be used again. Change is accepted slowly!

Justification for a Type A-Minus

Some years ago the idea that we are all either Type A personalities or Type B personalities was introduced. It became very popular thereafter to stereotype others as either "A" or "B" personalities. Of course Larry Prybil and Jerry Norville were quickly labeled as "A," while Moon Mullins, John Markham, Ben Cullen, Tom Barker and others were referred to as a "B." Now is my chance to set the record straight. If Larry Prybil is "A," then Jerry Norville has to be "A minus." I submit as evidence that when the Prybils and the Norvilles went to Nags Head together several times, Larry carried along bags of work, called in to the office every day, and vacuumed the rug every time the kids tracked in sand. Jerry Norville took no work, never called the office, and delighted in tracking in sand. Doesn't that qualify me as at least an "A minus"? Now the truth is known!

Bird Drops Keep Falling On My Head.

When recruiting new faculty, it has always been customary to take the candidate to dinner with the present faculty. One of the favorite places for dinner at that time had a beautiful outdoor patio garden for drinks before dinner and then dinner was served later inside. On one occasion, the new candidate was trying very hard to make an excellent impression. Handsome and dressed impeccably, he was indeed an impressive figure—that is, until we moved inside for dinner, and all but him noticed a huge pile of multi-colored bird dropping resting squarely in the middle of his beautifully styled hair. How to tell a young, anxious faculty candidate in the middle of a job interview that he has the remains of a bird's diet decorating his head? He was a great sport, took it well then and thereafter, and turned out to be an outstanding member of the faculty. How could you not hire someone who kept his cool and laughed at himself through an ordeal like that?

Ream's Coal Yard

How could we write a history without mentioning Ream's Coal Yard? As everyone who attended MCV in the 1970s-1980s knows, Ream's Coal Yard was no longer a coal yard. Instead, it was the only place students could find to park. It was the lowest point on Broad Street, and walking from the "yard" to Randolph-Minor Annex was a daily student chore that few looked upon with pleasure. Walking up the hill in the morning did provide students an opportunity to ask each other last-minute questions about the day's class or test. Walking down in the evening was an opportunity to complain about the day or the grade received.

A Chair is Furniture

Soon after being appointed as Chairman of the Department of Health Administration during the 1989-1990 academic year, I was approached by some faculty members who took offense at my signing the title as "Chairman." It was strongly recommended that I sign correspondence as "Chairperson." A "person" I may be, but I am first and foremost a man. It was then suggested that I sign everything as "Chair." Sorry—I still regard a chair as a piece of furniture. You just can't teach an old dog new tricks!



Thomas T.H. Wan, Ph.D., Chair of the Department, 1991-present

Memoir by Dr. Thomas T.H. Wan, 1992-Present

"Before moving to the Grant House in 1992, we were located in three different office buildings. Now in one building, we have excellent facilities, with a consolidation of office space and of our spirits."

Through all my professional career, I have been avidly involved in research and teaching. After eleven years of such experience at Cornell University and the University of Maryland, in 1981 I decided to take VCU's offer of a professorship in their Department of Health Administration. I wanted to challenge myself through this newfound opportunity. Although it was a tough decision for my family, I convinced my wife, Sylvia, that we should make the move from Columbia, Maryland to Richmond, Virginia. It was one of the best decisions I have ever made.

My seventeen years of service at the Department have included various administrative positions. During my first year, in 1982, I was the founding director of the Department's doctoral program in Health Services Organization and Research. Lou Rossiter joined us in that year. He brought with him a strong health policy research background that has enriched the program's offerings in health economics.

For ten years, from 1981 until 1991, I enjoyed working with students and faculty in developing and promoting the Ph.D. program. Over the years, I encountered frustrating attacks on the program, but I made sure that I defended it well against criticisms by overcoming differences to develop a high-quality research program. In fact, the Ph.D. program's basic structure has been in place for the past fifteen years.

During the 1990s I served as director of the Williamson Institute for one year, while still heading the Ph.D. program. The institute was named one of the top four national policy research centers supported by the Health Care Financing Administration.

The year of 1991 was very busy for me, because I was named Interim Chair of the Department after Jerry Norville's retirement. I was serving in three leadership positions that year—Director of the doctoral program, Director of the Williamson Institute, and Interim Chair. And, on top of that, I had to teach full time!

In 1992 I was appointed the Arthur Graham Glasgow Professor and Chair of the department. As Chair of the Department, I have developed certain goals; in general, my vision is for our department to establish a national and international reputation for excellence. To achieve that vision, I have set forth (and, I hope, accomplished) several specific goals: in teamwork, research, technology, development of external resources, and international linkages.

I have tried to promote and develop our Department as a center of excellence for health services research, and I believe we have wholeheartedly achieved this goal. The key evidence that we have done so is, of course, our consistent ranking in the top ten of *U.S. News and World Report's* graduate school rankings in the area of health administration. I attribute this accomplishment to the team spirit of our faculty. Through their efforts, we have achieved and maintained this national recognition.

As far as teamwork is concerned, I have always believed that we must both guide each other and serve as mentors for our junior colleagues. To enhance teamwork in the Department, I have strongly encouraged collaborative research.

Another priority that I have emphasized is technological innovation. A major example of the prevalence of technology in the department is the operation of our Executive Program, founded in 1988. Through the Internet and distance learning, motivated executives can obtain a Master's degree, with only minimal instruction actually in a classroom. Another example of attention to technological advance is our recruitment of Jeff Lodge, who has graciously taken on the burden of manag-

ing our computer systems from our previous tech guru, Dr. Yasar Ozcan.

Generating external resources for our Department is another goal that I have pursued. Developing alliances with corporate leaders has greatly aided the sponsorship of our educational mission. The establishment of an Executive in Residence position, filled first by Professor Paul Gross (MHA '64) and then by Professor Richard Kraus (MHA '64), has greatly strengthened the link between the Department and the corporate world. Students have immensely enjoyed the presence of our distinguished Executives in Residence. This residency has also created national visibility for the Department.

My final goal has been to create international linkages. We have been grateful to have outstanding visiting scholars and fellows in our department from all around the globe—Taiwan, Brazil, China, Korea, Turkey, Canada, and South Africa.

I believe that, throughout my years at the Department, and especially during my time as Chair, I have accomplished many professional goals. For example, Ramesh Shukla and I, along with alumni leaders such as Paul Gross, Tim Stack, and Chris Dadlez, organized a Healthcare Partnership Conference, to promote the Department nationally and to bridge the gap between practice and academia. Bridging that gap is an extremely important goal for me.

As Chair, I have also helped develop a strong relationship with our alumni—a partnership. I encourage their input and advice, to help us enhance the quality of our educational programs and to increase the visibility of our Department in the health care industry. In turn, I inform them of our progress through semi-annual reports, and the Department promotes graduates as they network and obtain jobs in the industry. Eventually, our graduates help to build corporate support of our programs and to increase the Department's visibility. Our alumni also keep us informed about changing

trends in health care. For example, alumni have helped us to mirror the current paradigm shift in health care by shifting from teaching simply about hospital management to education in broader health care management.

Looking back on seventeen years, I realize that the only faculty member still here with me from 1981 is Ramesh. Through all the changes in those years, I see how the Department has come together and unified. Before moving to the Grant House in 1992, we were located in three different office buildings. Now in one building, we have excellent facilities, with a consolidation of office space and of our spirits.

Several individuals have greatly helped the Department during my years as Chair. Chuck Breindel and John Larson managed the Master's programs from 1992 through 1993. In 1994, to consolidate the management structure, the MHA and MSHA programs were managed by one director. Dolores Clement was the first director of these consolidated professional graduate programs. In August, 1997, she was promoted to Associate Dean of the School of Allied Health Professions; I greatly appreciated her efforts as our Director of Graduate Programs. Upon graduating in 1996, Ken White became Associate Director of our professional programs, and continues to excel in his work in that post. Jim Begun, the head of the doctoral program, 1993-1997, is no longer here, having moved on to teach at the University of Minnesota. I miss his humor and his spirit. Jan Clement and Mike McCue now head the master's and doctoral programs, respectively. Both are quite effective leaders, and I know we are in good hands with them. Roice Luke, the present head of the Williamson Institute, took on the position when Ramesh decided it was time to step down. Both Luke and Shukla have been excellent leaders of the Institute. In 1992, Karen Swisher was appointed Associate Director of the Institute. She has also served the department with her

ongoing conferences on health ethics and her coordination of executive training activities.

I have appreciated the solid efforts of our productive staff. Carroll George, who has been with us since 1981, has been invaluable to the department. Our program coordinators, Bev DeShazo, who also has coordinated the Williamson Institute's programs since its formation; Suzanne Havasy; and Ryan White, have been strong assets for the department and for me. I would also like to warmly acknowledge Annette Henry, who retired in 1995 after working with us for two decades.

I value the contributions of these department leaders and all other faculty, and of the hardworking staff. Furthermore, I deeply appreciate how hard our faculty has worked to generate funding through external resources and sponsored activities. We average 1.2 million dollars per year in external funding. We use this money to manage our operating budget and to support students.

The operating budget allocated to the department by the University has not increased since 1971, and totals \$21,000. It is worth noting that the annual telephone bill, alone, incurred in administering the department's full range of programs is over \$24,000. It is the faculty's self-funding of the department, in large part, that has supported its arrival at a position of national prominence. Nor would that achievement have been possible without the additional help of the 8% among the alumni who have returned value to the department by contributing financially. Both these sources of support are critical to maintaining the department's position in the field of health care management education.

I have had an excellent experience as Chair of this department. As I reminisce about my eight years as Chair and my previous years as head of the doctoral program, I have few regrets. The one possible regret I have is that I did not spend enough time with my family while I was Chair. Now, after eight years as Chair, however, I am

ready to relinquish the position to pursue more scholarly and international activities. I have truly enjoyed serving the faculty and staff

through the years, and I look forward to many more years with the Department.



Some faculty gathered to discuss the new vision in 1992. Left to right, seated: Scott Stegall, Jan Clement, Roice Luke, and Thomas Wan; left to right, standing: MeriBeth Stegall, Anthony DeLellis, Jim Begun, Dolores Clement, Karen Swisher, and Mike McCue.

4. The Achievement of Professional and National Recognition for the Department's Educational Programs

The last two decades of the twentieth century ushered in a new era for graduate education in health administration. Both anticipating and responding to the dynamic situation in health care management, the Department made changes over this period to enhance the national reputations of the MHA and MHA/JD programs. As the last decade began, the Department graduated the first class (1990) from its Executive Program, an innovation in distance learning begun in 1988. The success of the Department's efforts is exhibited by the strong accreditation reports from the Accrediting Commission on Education for Health Administration Education, by high rankings in *U.S. News and World Report's* "America's Best Graduate Schools, 1997," by increasing recognition of the faculty's research, and by the success of the Department's graduates.

This chapter describes the Executive Program, enhancements to the curricula of the MHA and Executive Master's programs, growth in instructional and administrative technology, and changes in the administrative structure of the master's program. It moves to a brief description of some ways in which the Department's successes are demonstrated. The chapter ends with an assessment of the challenges and opportunities the Department has for professional graduate education in health administration at the end of the century, as well as its planned responses.

The Executive Program

In 1988, a new, nontraditional, asynchronous, distance learning Executive Program was launched under the direction of Dr. Roice Luke, then Department Chair. Dr. Luke had determined that the most important strategic need of the Department was to build up the numbers and quality of faculty. Believing that this would best be done by creating a new graduate program, he initiated a distance learning program, patterned after the executive program established with the Western Network and headquartered at the University of Colorado at Denver. With Dean Thomas Barker's support, Dr. Luke enlisted faculty support and then recruited his friend Dennis Pointer, who had led in establishing the Western Network program. At VCU, Dr. Pointer led along with Dr. Luke in pushing the program through the University. (A special note of recognition for this effort is due to Larrie Dean, Associate Dean of the School of Allied Health Professions, for his invaluable assistance in successfully shepherding the program proposal through the University and all the way to the State Council on Higher Education.)

Dr. Luke then appointed Dr. Pointer as founding Director of the program, which position he held until he left for San Diego State University in 1991. The Department's Executive Program was designed with one important distinction from the Western Network Program,



THE RANKINGS

Health Disciplines

The top schools in the U.S. News surveys

Health Services Administration

(MASTER'S DEGREE IN HEALTH SERVICES ADMINISTRATION)

Rank/School	Average reputation score
1. University of Michigan--Ann Arbor	4.6
2. Northwestern University--Kellogg (IL)	4.4
3. University of North Carolina--Chapel Hill	4.2
4. University of Minnesota	4.1
4. University of Pennsylvania--Wharton	4.1
6. University of Washington	4.0
7. Virginia Commonwealth University	3.8
8. Johns Hopkins University (MD)	3.7
8. University of Alabama--Birmingham	3.7
8. University of California--Berkeley	3.7
11. Ohio State University	3.5
12. Arizona State University	3.4
12. University of California--Los Angeles	3.4
12. Washington University (MO)	3.4
15. University of Chicago	3.2

Methodology: Here is how U.S. News determined the rankings for the health professions. First, surveys were sent to deans, faculty, and administrators of accredited graduate programs in the following discipline: health services administration, which was surveyed in the fall of 1996 and early 1997. Respondents were asked to rate only the schools within their own disciplines. A school received 4 points for the highest quartile, 3 for the third, 2 for the second, and 1 for the first. "Don't knows" did not count. In social work, pharmacy, and health services administration, a 5-point scale was used.

A school considered "distinguished" was given 5 points, "strong" counted for 4, "good" for 3, "adequate" for 2, and "marginal" for 1. "Don't knows" were not counted. Scores for each school were then totaled and divided by the number of respondents rating that school. The schools were then ranked in descending order based on their average scores. The highest possible score was 5.0. The reputation surveys were conducted by Market Facts Inc. Response rate: health services administration, 69 percent.



Abridged from U.S. NEWS & WORLD REPORT, MARCH 10, 1997

which used a faculty consortium drawn from many universities to teach its courses. Dr. Luke argued that using the Department's core faculty would be a competitive advantage.



Dennis Pointer, Ph.D., first Director of the Executive Program, 1986-1991, and Interim Chair, July 1989-March 1990

The Department's Executive Program combines on-campus instruction with computer-based, off-campus seminars—"EXECUNET." Initially, the program used a bulletin board system (BBS) for EXECUNET, but that did not permit uploading files or even editing one's e-mail messages. In 1996, the Program became the first distance learning program in health administration (or perhaps anywhere) to use the World Wide Web (WWW). Now, contact can occur from anywhere in the world, via a local Internet provider or an online service (e.g., America Online or CompuServe) that allows WWW browsing. So far as we know, ours was the second program (after the Colorado program) to use a bulletin board for classroom instruction and the first to so use the Internet. Now the university and non-university programs using such instruction are rapidly increasing, which of course presents an important challenge to the Department to "keep ahead of the pack."

Designed specifically for self-motivated, mature, and experienced professionals who undertake graduate education in management to advance their careers, the Executive Program prepares its graduates to align the health care profession's traditional healing mission with

business objectives. Graduates are trained to lead organizations in responding effectively and efficiently to the challenges of a health care industry in flux. The Executive Program emphasizes learning from the diverse accomplished professionals who enroll in the program, as well as from its faculty. Furthermore, the instructors and the associates (students) use work sites as a learning laboratory in their course work.

The program meets the distinctive development needs of several professional groups: 1) physicians and other clinicians who want to shift to careers in management, or who have major administrative responsibilities in their own clinical areas; 2) executive-level managers who lack a graduate degree in health administration and want to earn the degree to prepare for career advancement; and 3) mid-level managers who need advanced training in preparation for executive-level management positions, or need more knowledge and skills to fulfill the expanded requirements of their present positions.

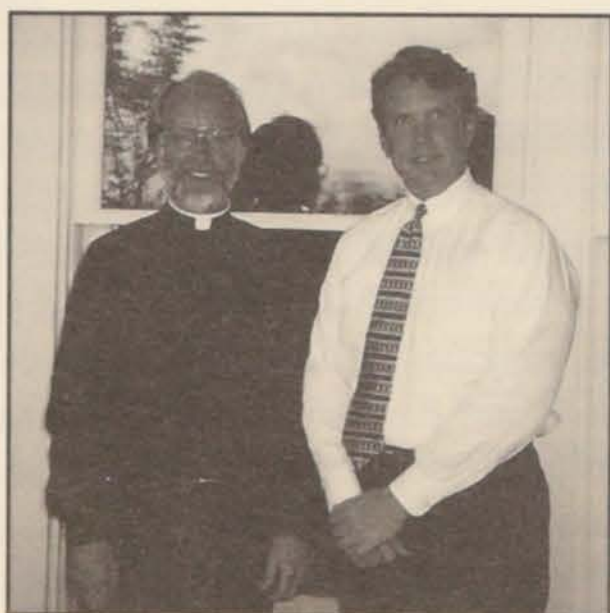
The program enables enrollees to pursue a degree while continuing to work full-time. No specific previous course work is required for application to the program. Upon acceptance, associates complete independent-study modules in three areas: microeconomics, accounting, and quantitative analysis. Completing these independent study modules avoids the necessity to take prerequisite courses before admission.

Associates of the Executive Program complete four six-month semesters of course work, mostly off-campus. During five on-campus sessions, ranging from six to 14 days each, associates attend Executive Program classes on the Medical College of Virginia campus. There they attend lectures, participate in seminars, and use the Department's learning laboratory, computer facilities, and library. They have ample opportunity to interact with fellow associates, faculty, and visiting scholars and practitioners. The mix of on-campus and off-campus study minimizes time away from employment and home, as well as travel expenses.

After leaving the on-campus sessions, associates continue studies at home/work for five-and-a-half months each semester, using a carefully planned array of distance learning technologies. The Executive Program's computer conferencing system is the primary mode of communication among associates and faculty during the off-campus periods. In computer conferencing, associates and faculty communicate with one another asynchronously through personal computers (PCs) equipped with modems.

After shifting the Executive Program to the World Wide Web in 1996, the Department fine-tuned and improved the instructional technology and curriculum. The rapid changes in instructional technology included use of streaming audio and other software improvements.

Dr. Charles Breindel was the program's second director, from 1991 to 1993, and Dr. John Larson followed him, serving from 1994 to 1995. Dr. Dolores Clement was the third director, from 1995 to 1997. The present director is Dr. Jan Clement. Since 1995, Dr. Ken White has served as the Associate Director of the program. In 1994, the name of the degree changed from M.S. to M.S.H.A. in response to the requests of students and program alumni.



Charles Breindel, Ph.D., now a candidate for the priesthood, was Director of the MHA Program in 1991-1993. Here he visits with Ken White, Ph.D., Associate Director of the Professional Graduate Programs.

The Executive Program has provided educational opportunities for members of the Department as well as for the students in the Program. The continual interaction with experienced professionals has enhanced faculty knowledge. The use of technology in instruction has improved our ability to teach experienced as well as inexperienced students.

Furthermore, the Department has begun extending the use of this technology to other graduate programs within the University (e.g., the new distance-learning doctoral program within the School of Allied Health Professions, and our own MHA program) and to other programs internationally (e.g., a graduate program in South Africa in partnership with the Department/Williamson Institute, which begins in June, 1999). The Department, through the Williamson Institute, is also involved in several short-term training programs that are either completed or being planned. These programs are in partnership with a number of professional associations, corporations, and others interested in adopting the Internet for education.

Curriculum Enhancements

The Department modeled the curriculum of the Executive Program on its successful MHA curriculum. Therefore, the changes in curriculum described below apply to both master's programs unless otherwise stated.

From Hospitals to Health Care Organizations

The Department's early reputation was based on its preparation of hospital administrators. By the late 1980s, however, the health care delivery system was well on its way to redefining and reengineering itself. Inpatient, acute care; "bricks and mortar"; fee-for-service and freedom of choice in health delivery were being supplanted by outpatient care, community-based models, and managed care, with

prospective payment.

The Department responded by updating the curriculum to cover managed care, the health of populations, ethics, financial modeling, physician practice management, and other contemporary subjects. Retaining its strong emphasis on long-term skill building, the programs infused these subjects into the discipline-based courses. The specific required or elective courses in managed care, long-term care, physician practice management, and other topics are designed to provide depth in those areas rather than the basics.



The dress code changed in the 1980s: Lawra Lee and David Fuqua.

Computer Skills

In another area of enhanced strengths, the computer skills of the students became stronger throughout the 1990s. By the end of the decade, all students either came with or underwent training in spreadsheet, word processing, data base management, statistical, presentation, e-mail and Netscape software.

Executive Skills

With the inauguration of the Executive Program, which targeted the experienced manager, the MHA Program no longer mixed inexperienced students and those with many years of experience in health care management. The majority of the MHA Program enrollees are now post-baccalaureate students with little or no health care management experience. To assist the MHA students in their careers, the faculty approved changing the Executive Skills courses from non-credit to required, for-credit classes. MHA students take these courses on a Pass/Fail basis during their second and third semesters of on-campus study.

MHA Administrative Residency

Even during the late 1990s, most administrative residency sites were in hospitals or hospital systems. The efforts of the program directors and other faculty members have added more types of sites. In addition to hospital sites, they now include physician practice management, long-term care, biotechnology, consulting and managed care organizations. The organizations that have provided preceptors and served as Administrative Residency sites during the 1990s are listed in Appendix 4-1.

Growth in Instructional and Administrative Technology

In addition to the traditional academic "three-legged stool" of research, education, and service, technology was rapidly becoming a mainstay of all the initiatives of the Department during the 1990s. In the Executive Program, instructional technology was the foundation of the asynchronous distance learning format, enabling the delivery of a complete curriculum to full-time Executive Program associates living anywhere in the United States. For this program, all faculty and enrollees had to have access to

personal computers and be skilled in computer software, which continually changes. Thus a natural outgrowth of the program has been to facilitate technological innovations in instruction.

Following the lead of the Executive Program, the traditional MHA Program began to use more technology-based assignments. As noted previously, all MHA students develop proficiency with a variety of computer software packages. In 1996, the faculty approved modifications to the assignments required of the third-year administrative residents, adopting the World-Wide-Web-based "Resinet," the technology introduced in the Executive Program, for seminars linking all the residents across their residency sites. Over the course of the residency, the residents participate in nine sessions led by experienced professionals.

New developments in technology changed classroom instruction as well as curriculum content. The "information age" presented a host of new opportunities for learning. The Department's classrooms all have computer projection systems and access to the World Wide Web (WWW). The faculty is now shifting to use of a package developed at Virginia Commonwealth University, Web Course in a Box, in both the Executive Program and the MHA Program. The Instructional Development staff of VCU developed this software in response to the Executive Program's move from a BBS system to the WWW.

Finally, the directors of the master's programs have increasingly been automating their administrative functions. University staff reductions require us to become more efficient. In addition, it is important for the Department to begin to model technology use for the students.

Administrative Changes

At the beginning of the decade, each of the two master's programs had its own individual director and support staff. In 1994, the Executive Program and the MHA Program were com-

bined administratively to form the division of Professional Graduate Programs. The change enhanced efficiency because administration of the programs overlapped in several ways.

In 1994, Dr. Charles Breindel, then Director of the MHA Program, became Director of the newly formed Division of Professional Graduate Programs, Dr. Dolores Gurnick Clement became Associate Director. In 1995, Dr. Clement became the Director of the MHA programs; in 1996 she became Director of the newly consolidated Professional Graduate Programs, with Ken White as the Associate Director. In August, 1997, Dr. Clement moved on to become Associate Dean of the School of Allied Health Professions; so again the directorship changed: in October 1997, Dr. Jan Clement became Director, with Dr. Ken White continuing as the Associate Director.



Dolores G. Clement, Dr. P.H., Director of the Professional Graduate Programs, 1996-1997

The increasing importance of technology in both programs led in 1992 to the hiring of a computer specialist—Jeff Lodge. Jeff became WEB master and instructor in 1995. The increasing reliance upon computer technology in our educational programs has made on-site computer personnel essential for formal instruction of faculty and students, responses to individual questions, software and hardware maintenance, and identification of new technologies that we should adopt.



Jan Clement, Ph.D., Director of the Professional Graduate Programs, 1997-present



Ken White, Ph.D., Assistant Professor and Associate Director of the Professional Graduate Programs, 1995-present

The Dual Degree Program: Health Administration and Law

Once health care had been transformed from a mission-oriented profession to a major industry, health care executives found themselves dealing with mergers and acquisitions, contract law, and tax and antitrust laws. In addition, the ensuing complex regulation of the

industry by for-profit insurance companies as well as by government created a demand for managers who were expert in health law as well as the new industry's business intricacies.

In 1984, Karen Swisher, J.D., joined the faculty to help the Department meet the new demand for health law expertise. Along with the Department Chair, Dr. Luke, she led the development of a joint program with the University of Richmond's T.C. Williams School of Law: The Dual Degree Program in Health Administration and Law. Established in 1986, this unique joint venture by a public university and a private university offers "fast track" professional education: a three-year health administration curriculum and a three-year law curriculum have been combined in an intensive four-year program that awards both degrees concurrently upon its completion.



Karen Swisher, J.D., Coordinator of the Dual Degree Program in Health Administration and Law

Students must complete 126 semester hours: 51 in health administration and 75 in law. The 51 health administration hours consist of 42 hours in core courses, 6 elective credits, and at least 3 credits earned in a 10-week summer internship. The 75-hour law curriculum requires 40 hours in core courses: one course each in the 5 distri-

bution areas of business law, family law, perspective law, procedure, and skills; plus electives. Students have faculty advisors at each school, to help them plan individualized programs drawn from the elective specialties. In health administration, the areas covered are: management of hospitals and hospital systems, long-term care administration, health planning and policy, and health care finance. In law, the elective specialties are labor and employment law, hospital corporate counsel, litigation and medical malpractice, and general health law.

Both the Department and the T.C. Williams School of Law must accept applicants to the program. However, students enrolled in either institution may apply to the other for enrollment in the Dual Degree Program, during their first year of study.

National Recognition

The activities of the Department during the 1980s and 1990s culminated in its enhanced national reputation. That success is shown in several ways.

First, the Accrediting Commission on Education for Health Services Administration granted re-accreditation to the MHA Program throughout the two decades, most recently in 1993, with the next site visit scheduled for 2001. As soon as it was eligible, the Department applied for accreditation for the Executive Program. The Commission accredited the MSHA Program for the first time in 1991, for five years; in 1996, the Program was re-accredited for seven years, with three minor recommendations.

Second, during the 1990s, *U.S. News and World Report* released its first national rankings of health administration graduate programs. According to the opinions of the faculty peers and leaders polled, our Program ranked ninth, and in the next ranking, it had moved up to seventh. The ranking demonstrates national recognition of the research and educational strength of the Department.

A final, very important measure of the success of the Department's educational programs is the success of its graduates. Steadily over the past two decades, the number of administrative residency sites for the Department's MHA students has risen. There are now more sites available than there are students to fill them. Our students also have been successful in obtaining national fellowships at Duke and the Mayo Clinic. Students who graduate from the program continue to be in demand, with MHA students placed within two to three months of graduation. Alumni continue to be called to leadership positions in the health care industry.



From left to right: Melissa Spain, Vanessa Hanley-Waters, and Katina Goodwyn, the MHA student team who won first prize in a national health care problem-solving competition, 1997

Photo: Richmond Times-Dispatch

Challenges, Opportunities and Responses

Moving into the next century, the Department faces many challenging transitions to maintain its excellence in master's degree preparation in health administration. Continual change in the health care industry means that the curricula of the program also must continue to change. The faculty must anticipate the skills and knowledge that employers will require in the next few years and

also over the students' long careers. They also must keep pace with the rapidly evolving educational methodologies, especially as the Internet expands and new educational software comes on stream.

With increasing numbers of accredited programs, competition for good students has sharpened. In addition, executive programs in health administration and business, including distance learning programs, have proliferated, dramatically intensifying the competition that the Executive Program faces.

However, the opportunities for continued recognition are many. We believe that our 50-year history, coupled with strategic decisions to stay abreast or ahead of market trends, will position our Department to continue to lead the way in graduate education for health administration. Our vision for the 21st century includes curriculum and faculty enhancement, experiential learning, innovation in instructional technology, personal attention and mentorship, acquiring top-notch students, and strong ties with the professional and civic communities. The following sections outline some of the challenges we face in holding our place as a top-rated program in the United States.

Curriculum and Faculty

- **Evolving Curriculum Content**—The curriculum should undergo continuous evaluation and improvement, not only to stay abreast, but to keep slightly ahead of national trends and issues developing in the health care industry. A particular challenge will be to broaden and diversify the content areas without compromising the core competencies of managing and leading complex health care organizations.

- **Keeping Up with Technological Change**—The faculty recognize the necessity to emphasize how information systems, the Internet and other technologies apply to the management of health care organizations. The innovations needed in the curriculum possibly include a

specialty track in information systems and clinical management, and greater faculty resources in this critical area. The faculty also have determined to seek partnerships with leading health care systems and supply companies, to assure that we keep abreast of changing technologies and applications in the industry.

- **Continued Focus on Organizational Diversity**—The curriculum will continue its shift of focus from hospital line management to a realistic recognition of the diversity of job opportunities in the health care industry, now and in the future. The character of MHA administrative residency sites will continue to change, with fewer than half of the organizations being traditional hospitals and health systems. More nontraditional sites such as consulting, managed care, long term care, biotechnology, and supplier organizations will be sought.

- **Experiential Learning**—Experiential learning is inherent in the Executive Program. This important facet of the program will continue as we bring together experienced professionals who contribute to the learning environment along with the faculty. In the didactic part of the MHA Program, more "hands-on" projects and case studies will have to be incorporated into the classroom. Although the residency adds this important dimension of learning, the faculty recognize that some of the residency experiences are now less structured than before. The administrative residency also contributes to the Department by maintaining a network of preceptors, many of them alumni, who serve as allies and advocates of the Department. They also function as guest lecturers in on-campus courses of both programs.

Maintaining the strength of our faculty and fostering their research contributions will continue to be an important priority. This emphasis not only will contribute to the professional and national recognition of the Department, but will introduce, through the strong research commitment, "cutting edge" concepts in the classroom.

Awards Honoring Faculty

Classes from each of the last three decades have established awards to demonstrate their appreciation of the Department's faculty. These awards are described below, and their recipients listed.

Herman L. Mullins Award. This award was established by the MHA Class of 1976 through the Health Administration Alumni Association, as a lasting recognition of the contributions of Herman L. "Moon" Mullins as a teacher, advisor, and friend of the students. The award is presented annually by the faculty for the most outstanding thesis or management study completed by a graduate student in health services administration.

Recipients, 1980-1996

Douglas W. Kramer—1980
Henry DeVries, Jr.—1981
Mark A. Hudson—1983
A. Hugh Greene—1984
James R. Gardner, Jr.—1985
Michael D. Jurgensen—1986
Pamela A. Yochim—1987
Hugh E. Aaron—1988
Michael J. Doucette—1989
W. Spencer Lilly—1990
Yvonne P. Burdick—1991
Megan M. Reed—1991
Joseph S. Hill—1992
John Winston Hightower—1993
Dennis J. Quagliani—1994
Michael Larson—1995
David C. Thompson—1995
John B. Sylvia—1996

Jerry L. Norville Award. This award was established by the MHA class of 1989 in honor of Professor Jerry L. Norville, a member of the faculty for 20 years, who also served in various administrative positions, such as Director of the MHA program and Chairman. This award is presented annually to the faculty member who,

through example, demonstrates exceptional dedication and genuine concern for the welfare of students in the MHA program.

Recipients, 1984-1998

1989	Karen N. Swisher
1990	Dennis D. Pointer
1991	Thomas T.H. Wan
1992	Jan P. Clement
1993	Robert E. Hurley
1994	Robert E. Hurley
1995	Dolores G. Clement
1996	Dolores G. Clement
1997	Dolores G. Clement
1998	Robert E. Hurley

Thomas C. Barker Preceptor Award. The MHA Class of 1996 established this award in honor of the first Dean of the School of Allied Health Professions, who was affiliated with the Department of Health Administration. Dr. Barker had served as Chair of the Department of Health Administration and MHA Program Director before becoming the Dean. The award is made by the residents among the graduating class, who nominate and elect the preceptor who has demonstrated outstanding mentorship during the year of residency. Dedication to the MHA Program of the MCV Campus of VCU is specified as a consideration in the nomination.

Recipients, 1996-1998

1996	Edward A. Smith, Jr.
1997	David W. Wright
1998	Teresa L. Edwards

Personal Attention and Mentorship

A strong attribute of this Department has been the value it places on student development. The faculty has been accessible to students for advising and mentoring. Program directors take their mentoring role seriously, are not hesitant to counsel students when needed, and work with



Celebration of graduation in 1997 at Dr. Teun Schoolwerth's home, for the MSHA '97 class, the first class to use the WWW



The first class (MHA '94) to communicate via Resinet

all students to bring out the best in them. Strong ties are also developed between classes, and a sponsorship program has eased new students' transition into the role of graduate students.

The required 12-month administrative residency also reinforces mentorship with our professional community and preceptors of students. Coupled with the structure of the residency, the relationship between the resident and the preceptor contributes knowledge about leadership, practical applications of textbook knowledge, and networking opportunities that link our residents to the job market. Indeed, the residency has been a hallmark of the Department's program from its inception, and has become even more distinctive as many other programs have eliminated residency experiences from their programs.

Recruitment

A particular strength of the MHA Program is the size of the applicant pool. In 1996, the admissions process changed to require more in-depth evaluation and assessment of applicants. Not only are entry requirements examined, but emphasis also is placed on interpersonal skills and suitability for a career as a health care executive. We will continue to improve the interview process to ensure a steady stream of qualified applicants.

Recently, however, the applicant pool for the Executive Program has decreased. In contrast to 1988, when there was only one other distance learning program in health administration, and very few in business or other related fields, now both distance learning and weekend programs that compete with the Executive Program have proliferated. Some of these are not accredited and offer an easier or less expensive route to a degree. Moreover, there is no natural feeder system to the MSHA program, as is the case for the MHA program (i.e., from undergraduate programs across the nation). The Department therefore must remain vigilant in recruiting associates to this program.

Professional and Community Service

Faculty and students alike must continue to contribute in professional and community service. Experience outside of the classroom is essential to staying in touch with the field. Health care executives in Richmond support our programs and offer part-time work to students that enhances the classroom learning experience. Engaging faculty with health care leaders across the country through consulting projects and speaking engagements is another important link to practice.

Our faculty are represented in the major national organizations related to health administration and research on health services. It is important to continue affiliation with national organizations such as the Association of Health Services Research, the American Public Health Association, the American College of Healthcare Executives, the Association of University Programs in Health Administration, and the Accrediting Commission on Education in Health Services Administration.

New Educational Products and Services

In addition to emphases on education and research, the Department has offered program-sponsored conferences and seminars to external organizations, e.g., hospital and health systems, supplier organizations, professional organizations, and a variety of industries.

The future holds more opportunities for program-sponsored continuing education, although John Griffith, in the 1998 Patullo Lecture, cautioned that continuing education and distance learning are both prone to mediocrity unless outcomes measures are in place to protect the learning content. With the program links to the Williamson Institute and with experience in administering the Executive Program, we are positioned to lead with continuing education programs of high quality for our professional community.

Conclusion

For professional graduate programs of the Department of Health Administration, the last two decades of the 20th century have brought growth in programs and students, in professional and national recognition, and in the adaptation of technological applications and innovations for program development. The vision for the future of the program is to continue as the market leader in graduate education for health administration. To that end, it is incumbent on the faculty to focus on learning equally with teaching (Richardson and Schneller, 1998), and to search for the best research questions—those that will contribute to knowledge about market evolution, the transformation of medical care organizations, and the redesign of patient care delivery (Hurley, 1997).

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5. Mentoring Future Scholars: The Ph.D. Program in Health Services Organization and Research at Virginia Commonwealth University

Overview

The Ph.D. in Health Services Organization and Research is a challenging 57-credit program that prepares individuals for positions as faculty, researchers, policy analysts and top-level staff in complex health organizations. Students learn to apply research methods and scientific knowledge drawn from the behavioral and managerial sciences to the study of health organization and systems. Students acquire the skills of analytic and critical thinking that are essential for conducting applied research on health services and health care organizations.

Philosophy

Three key commitments underlie the design and administration of the doctoral program. First, the program is committed to producing graduates who are qualified to advance knowledge over the long term. This requires an understanding of the accumulated knowledge about health services organizations and systems, an understanding conveyed in the required theory course sequence.

Second, the program is committed to producing graduates whose research skills are thorough and contemporary. The research methods sequence is rigorous and tailors course content to current advances in the field.

Finally, the program is committed to responding to the needs of its students. Students need to be able to complete program requirements, including the dissertation, without undue delay; to learn in a personalized setting, working closely with individual faculty members; to enjoy social support from peers, faculty and staff during the educational process; and to encounter career opportunities.

Curriculum

Courses are distributed across four areas: foundation of health services organizations and research (9 credit hours); health services organization theory core (12 credit hours); health services research methods (18 credit hours); and an area of specialization (9 credit hours). In addition, 9 hours of dissertation credit are required.

The coursework is sequenced so that it can be completed in two years of full-time study or three years of part-time study (exclusive of dissertation credit).

With the assistance of faculty advisers, students choose three elective courses that constitute an area of specialization. Generally, these courses are drawn from other programs at VCU and from independent study with department faculty. Students often choose independent study under the direction of faculty mentors in the mentors' areas of expertise, such as long-term care, managed care, productivity, strategy

or international health.

Students take two written comprehensive examinations, on health services organization theory and health services research methods. Students must defend their proposal orally before their dissertation committee.



Robert Hurley, Ph.D., Chairman of the Examination Committee

Upon successful completion of the four major areas of study, students devote an additional nine credit hours to preparing a dissertation. The doctor of philosophy degree is awarded after a student completes the minimum 57 credit hours of coursework, passes comprehensive exams, and writes and defends the dissertation.

The Ph.D. Program in Health Services Organization and Research 1982-1992: A Step Forward

The Program's Inception

On November 21, 1978, the University Graduate Council approved VCU's request to establish the Doctoral Program in Health Services Organization and Research. Two years

later, on April 8, 1980, the council formally approved the final proposal for the program.

The Department of Health Administration developed the doctoral program in order to increase the Department's national visibility and to respond to external demand for such a program. Several core faculty members were instrumental in developing the curriculum and structure of the program: Dr. Lawrence Prybil, Dean Thomas Barker, Professor Jerry Norville, Dr. Ramesh Shukla, and Dr. Robert Modrow.

In the proposal for the program, the following were listed as having principal responsibility for teaching doctoral-level courses: Jerry Norville, Dr. Thomas C. Barker, Dr. Charles L. Breindel, Dr. J. Louis Heck, Dr. John G. Larson, Dr. Robert E. Modrow, Dr. Eileen A. O'Neil, Dr. Ramesh K. Shukla, David K. Wiecking, M.D., and John M. Witherspoon, M.D. Dr. Thomas T.H. Wan was hired as founding Director of the Ph.D. program in 1981.

The Program Takes Shape

Under Dr. Wan's direction (1982-1992), the program developed certain noteworthy attributes. Although it has always been highly structured, it nevertheless allows for individual attention to students, and encourages their development as scholars. For instance, students are allowed relatively great discretion in choosing specialties and advisors, unlike Ph.D. students in some scientific fields. As a result of this freedom, many students have collaborated with faculty members on research projects and publications. Those collaborations have improved the faculty's productivity and scholarship through the years.

Graduates of the program have proven to be superior candidates for employment. Doctoral program graduates who have been or currently are faculty or adjunct faculty in the Department include: Drs. Mutasem Abu-Jaber, Barbara Brown, Mary Jacobs, Janet Lynch, Beth Merwin, Pete Olden, Yasar



Dr. Thomas Wan was recognized for his accomplishments as the Ph.D. Program founding Director at Dr. Barbara Brown's home in 1992. Left to right: 1st row: Barbara Brown, Janet Lynch, Thomas Wan, Beth Merwin, Shuo Li; 2nd row: Yasar Ozcan, Margie Rivnyak, Michael Pyles, Meri Beth Stegall, Scott Stegall, Jim Cotter, and John Pestian.

Ozcan, John Pestian, MeriBeth Stegall, Scott Stegall, Scott Sullivan, Jon Thompson, Bill Wang, and Kenneth White.

The program has also experienced loss. A second-year doctoral student, Marylee Kordoskey, died in 1989. She is remembered for her caring and outgoing personality. A painting dedicated to Marylee's memory hangs in the Grant House doctoral seminar room. A graduate of our program, M. Scott Sullivan, who was a faculty member in both physical therapy and health administration, died in 1998. Scott's dedication to his work and his love of teaching are remembered throughout the university community.

Program's Status at Ten Years Old

Although the program has continually grown stronger, achieving both national and international recognition, it has done so despite only limited institutional support and resources. To evolve to its full potential, it has awaited more thorough financial support.

In 1991, Dr. Wan was Interim Department Chair; Director of the Williamson Institute, the

research arm of the Department; and Director of the Department's Ph.D. program. When he was appointed Chair of the Department, he sought qualified faculty to assume those directorships.

The Ph.D. Program in Health Services Organization and Research, 1992-97: Continuity and Change

Leadership Is Passed On

January, 1992 brought the first change in administrative leadership of the ten-year-old Ph.D. program. Dr. Thomas Wan stepped down as director of the program in order to focus on the leadership of the Department in the position of Chair. In his place, Dr. James (Jim) Begun was appointed Director of the Ph.D. program. Professor Begun's appointment was an occasion for celebrating the program's successful foundation as well as for a fresh look at its direction.

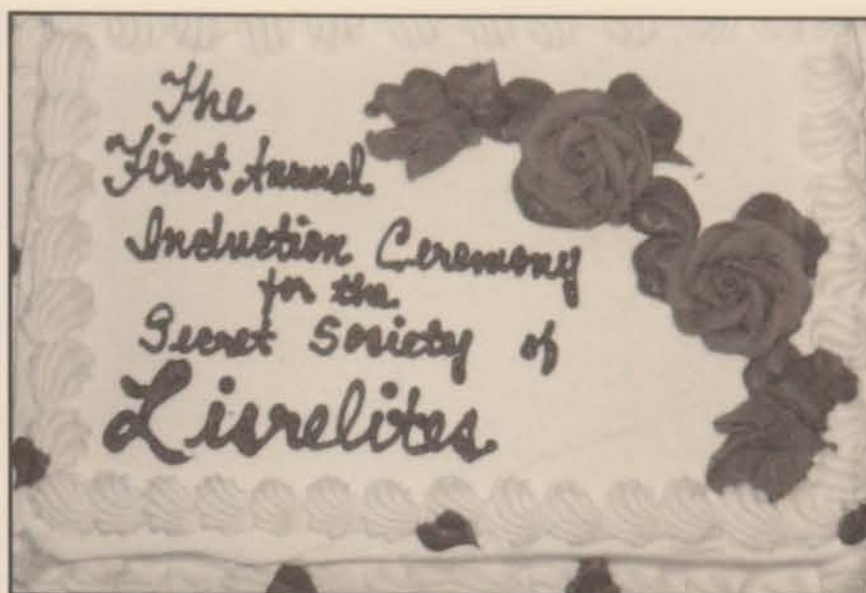
Dr. Wan was recognized for his accomplishments as Ph.D. Program founding Director at a dinner and reception attended by faculty, staff,

and doctoral students at the home of Barbara Brown (Ph.D. 1987). Faculty and students expressed their regard for Dr. Wan's deep devotion to the Ph.D. program and to the personal and professional success of its students both in the program and as alumni. A plaque honoring Dr. Wan was presented on that occasion and now hangs in the Grant House's Ph.D. Seminar Room. Throughout the 1992-97 period, the Ph.D. program benefited from the fact that Dr. Wan remained its stalwart champion--continuing his historical dedication to student support, research funding, personal counseling, and recruitment of new students.

A key source of continuity and strength for the Ph.D. program after the change in leadership in 1992 was its Administrative Coordinator, Beverly (Bev) DeShazo. Ms. DeShazo continued to nurture students through their long and challenging years on campus and to maintain the day-to-day internal operations of the Ph.D. program, in addition to handling administration for the Williamson Institute. Her commitment to the Ph.D. program in spite of other job opportunities and other pressing demands on her time was critical to its continued success. The program maintained its tradition of responsiveness to student concerns, modeled on Dr. Wan's and Ms. DeShazo's sense of caring and personal involvement with students' concerns. Two important social functions that supported that philosophy were the annual "Sundae Sunday" at Professor Hurley's home at the end of the academic year, and the annual welcoming dinner at the home of Professor Ozcan.

Curriculum Change and Examination Continuity

Dr. Begun began his tenure as Director with a re-examination of the curriculum and the comprehensive examination process. A key revision was made to the curriculum by adding health outcomes assessment to the methods sequence. The course was taught first by Dr.



Students celebrating their accomplishment in learning LISREL!

Janet Lynch (Ph.D. 1988), and then by Dr. Barbara Mark. This course content was an important step towards adapting the curriculum to job market demands. In addition, the course requirements for health services research methods were stiffened by requiring a second multivariate methods course, which had been elective. The core foundation courses were retained (HAD602, Health Care Organization and Services; HAD624, Health Economics; HAD702, Health Care Financing and Delivery Systems), and the theory sequence was left largely intact, with requirements for four courses in management theory and its applications in health care.

Under the direction of Dr. Robert (Bob) Hurley, faculty and students debated the merits of the two written comprehensive examinations, in health services research methods and in theory. Opinions varied widely; some urged eliminating the examinations altogether, and others recommended changes in the content and format (e.g., oral exams or take-home written exams, rather than four-hour written exams). The implications of new technologies (e.g., preparation of "canned" answers on computer diskette) were discussed. Ultimately, the advisory group recommended keeping the existing examination process as it was, since for both student and faculty it demonstrated the degree of success in learning, and also integrated and applied knowledge prior to the dissertation stage.

A New Home and New Student Honors

The move to Grant House in late 1992 made life easier for the Ph.D. students by giving them expanded office space, computer facilities, and easily accessible classrooms. A seminar room on the first floor of the Grant House was dedicated to doctoral courses. It houses academic journals, and the walls are hung with framed portraits and historical material of the Ph.D. program.

Among new milestones achieved by the Ph.D. program in the mid-1990s were the first dissertation grants awarded to its students. The Agency for Health Care Policy and Research awarded a grant to George Stukenborg (Ph.D. 1995) in 1994, and a grant from the Health Care Financing Agency was awarded to Shu-Chuan (Jennifer) Yeh (Ph.D. 1997) in 1996.

Another notable event, in 1994, was Richard Nordquist's graduation. Dick holds the record for time between enrollment and graduation (11 years). He persevered through health problems, family transitions, faculty impatience, leaves of absence, and geographic relocations, and earned the degree.

Developments Affecting the Program

During these five years, structural changes at the university level affected the Ph.D. program. A University coordinating committee of doctoral program directors emerged in the mid-1990s, along with an annual University-wide orientation and welcome for all doctoral students. The University administration encouraged coordination among course offerings at the doctoral level. In addition, a new Ph.D. in Policy Analysis, housed in the Department of Public Administration, was approved, with a track in



Colonel Richard Bannick and Sarah Chen, Ph.D. candidates working late in the Lyons basement office

health policy analysis. Faculty generally believed that the new Ph.D. in Policy Analysis would complement the Ph.D. in Health Services Organization and Research, as our Ph.D. has a management rather than a policy focus and has a specialized sequence of courses in methods of health services research.

The School of Allied Health Professions also made a change that has implications for the Ph.D. program in Health Services Organization and Research. Under the leadership of Dean Cecil Drain, an interdisciplinary Ph.D. program in Health-Related Sciences with a track in health administration was established in 1998. It is offered through a distance-learning format similar to the Department's Executive MSHA. It was believed that this new program, too, would complement the Ph.D. in Health Services Organization and Research, serving students who are unable to attend courses on campus. It will be interesting to see how these two new Ph.D. programs evolve in future years in relation to the Ph.D. in Health Services Organization and Research.

Program Status: 1998

The program size expanded somewhat in the 1990s, with total enrollments of approxi-

mately 40 students, including those taking courses and those in the dissertation stage. Some 4-8 students were admitted each year, and about 5 students graduated each year. The limits on Department and University resources (e.g., in office space, financial aid, and faculty participation on dissertation committees) necessitated a maximum capacity for the Ph.D. program of about 40 students.

In fact, over the past seventeen years, the program has functioned under extreme financial constraints, yet it has still produced doctoral graduates of a high quality. In 1982, the program offered four teaching assistantships to students. In 1998, that figure is unchanged, even though the program has grown four hundred percent since 1982.

In 1997, Dr. James Begun left VCU for the University of Minnesota. Before leaving Richmond, he was honored by Ph.D. students at a picnic luncheon, and by faculty and staff at a dinner at Dr. Karen Swisher's home. Dr. Begun and the doctoral students expressed their sincere mutual appreciation for a rewarding experience. A plaque in honor of Dr. Begun is



The doctoral students were pleased that the semester was over. Left to right, 1st row: Jay Shen, Donna Shelton, Steve Yang. 2nd row: Dr. Louis Rossiter, Kevin Glasz, Ron Fisher, Janet Kues, Dr. Thomas Wan, Dr. S. Lien (a visitor from Kaohsiung Medical College, Taiwan), and Sherman Luu.

displayed in the Ph.D. Seminar Room in the Grant House. Dr. Michael McCue was appointed the third director of the doctoral program in 1997.

The Present Characteristics and the Future of the Ph.D. Program

The evolution of the Doctoral Program into the next century depends upon accurately predicting the changes in the health care market. What-



James Begun, Ph.D., Director of the Ph.D. Program, 1992-1997



Michael McCue, D.B.A., the current Director of the Ph.D. Program

ever changes occur in the market place, the foundation of this program—critical and analytical thinking, grasping the processes of research design and methods, and comprehending the facets of organizational development and theory—will accommodate them. As it evolves in pursuit of excellence, the Doctoral Program will continue to rest on that tripartite cornerstone.

An assessment of the current program can help to steer its future. Currently, the Doctoral Program has 36 students enrolled, representing both the United States and other countries. Over 69 percent of the students are from the United States; the remaining 31 percent come from throughout the world. (See Figure 5-1.)



Sarah Chen, from Taiwan, the proud new holder of a Ph.D. in health services research and organization, has a picture taken with Drs. James Begun and Thomas Wan.

In Brief

National Publication of the Year Awards Presented to VCU Health Administration Faculty

Virginia Commonwealth University health administration faculty members claimed three of the top four places — including first place — in a recent American Academy of Medical Administrators competition. The VCU faculty were recognized in the 1998 Marriott Corporation Health Care Services Faculty Publication of the Year Award competition.

The annual award recognizes excellence and originality in health-care administration research and writing. University professors nationwide could submit one published article to the academy for review.

The first-place author receives a \$1,000 prize, and a summary of the winning piece will appear in an academy publication.

The VCU winners and their articles are: Michael J. McCue, "Association of HMO Penetration & Other Credit Quality Factors with Tax-Exempt Bond Yields, first place; Yasar A. Ozcan, co-authored "Organizational Performance in the Community Mental Health System: The Need Fulfillment Perspective," second runner-up; Jan P. Clement, Michael J. McCue, Roise D. Luke, James D. Bramble, Louis F. Rossiter, Yasar A. Ozcan and Chih-Wen Pai, "Strategic Hospital Alliances: Impact on Financial Performance," third runner-up.



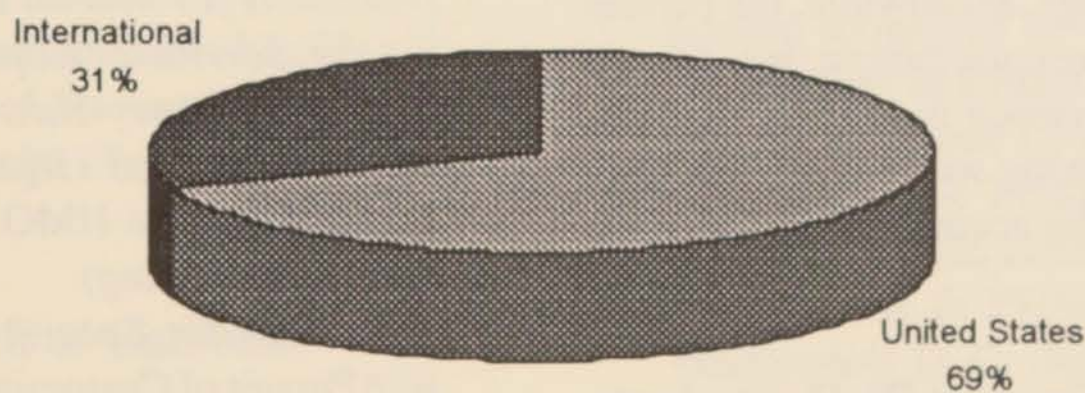
Jay Shen, from China, second from the right, having successfully defended his dissertation, has a picture taken with his committee members (Drs. Wan, Perlin, Rossiter, McCue, and Hurley).

The eleven international students currently enrolled in the program represent countries across the world. (See Figure 5-1.) Over 50 percent of the international students are from Taiwan; 20 percent are from China; and Ko-

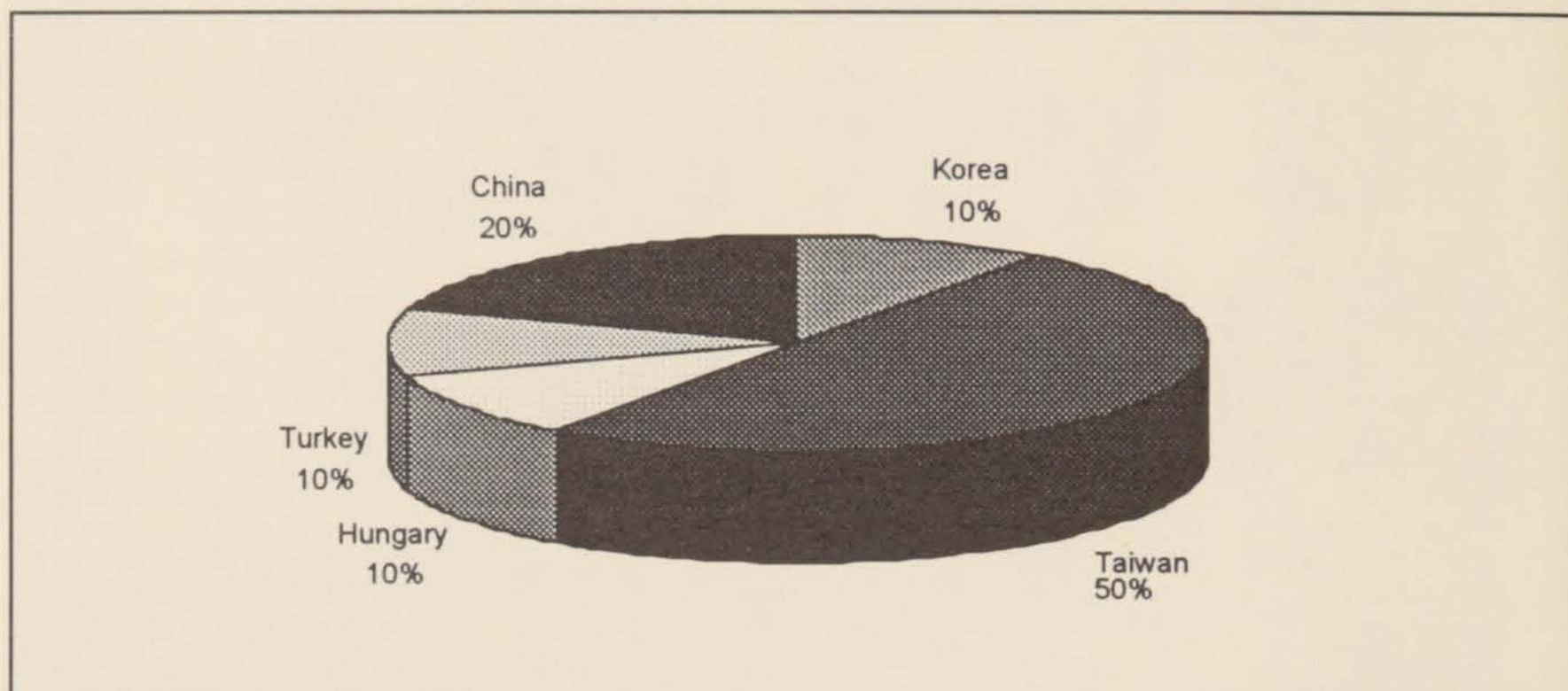
rea, Turkey, and Hungary are each the origin of 10 percent.

A successful next century for the program will depend on adequate resources to support research assistanceships, scholarly pursuits, and

Figure 5-1. Origins of Current Ph.D. Students



**Figure 5-2. Current Distribution,
Countries of Origin of International Ph.D. Students**



the other academic endeavors that improve the skills of future researchers. Our current doctoral students are developing research topics on timely health policy issues. In view of the onset of Medicaid managed care, for example, a student is conducting an empirical analysis of why health plans have entered or left this area of business. Another doctoral student is evaluating the relationship between integrated delivery systems and the variation in practice outcomes for cardiology services.

Several students have actively participated as research assistants on funded research programs. Their accomplishments include academic publications, research funded by state organizations, and presentations at national and international meetings. Meanwhile, the current part-time students are contributing their knowledge and their experience in health care organizations. The following sections provide brief information about the accomplishments of the current students.

Publications of Current Ph.D. Students

Five book chapters, four books, seven articles in U.S. journals, and fifty-nine articles in international journals have been published

by our current students. Detailed information follows:

Book Chapters

"Demand, Supply, and Price of Health Services." In Z. H. Chu (editor), *International Health Economics*. Nanjing, China: Nanjing University Press.

"Managed Care for Medicaid Beneficiaries: An Overview." In P. Halverson, G. Kaluzny, and C. McLaughlin (editors), *Managed Care and Public Health*. Gaithersburg, MD: Aspen Publishers.

"Medicaid Managed Care for Special Need Populations: Behavioral Health As 'Tracer Condition'." In D. Mechanic (editor), *New Directions for Mental Health Care—Paying for Services: Capitation*. San Francisco, CA: Jossey-Bass Inc. (forthcoming).

"Provider Sponsored Organizations: Are We Entering the Post-HMO Era?" *Oncology Issues* (forthcoming).

"Special Plans for Special Persons: The Elusive Pursuit of Customized Managed Care." In S. Somers and S. Davidson (editors), *Re-making Medicaid: Managed Care for the Public Good*. San Francisco, CA: Jossey-Bass Inc. (forthcoming).

Books

Essential Theories and Methodology in Health Services Administration. Beijing, China: People's Health Press.

Health Economics and Delivery in Fundamentals of Nursing, 2nd edition. Stamford, CT: Appleton & Lange, in press.

Modern Hospital Administration: Principles and Methods. Shanghai, China: Shanghai Scientific Archive Press.

Rural Health Administration. Beijing, China: People's Health Press.

Journals (U.S.)

Bulletin of the World Health Organization (1)

Clinical Infectious Diseases (1)

Health Care Management Review (1)

Journal of Medical Systems (1)

Journal of Operational Research (1)

Journal of Health Administration Education (1)

Public Personnel Management (1)

Journals (International)

Bulletin of Chinese Cancer (1)

Chinese Health Economics (5)

Chinese Health Policy (3)

Chinese Health Services Management (6)

Chinese Hospital Management (7)

Chinese Journal of Hospital Administration (3)

Chinese Journal of Social Medicine (17)

Chinese Primary Health Care (3)

Health Economics (2)

Health Economics Research (3)

Journal of Health Resources (2)

Journal of Chinese Public Health (2)

Shanghai Journal of Preventive Medicine (1)

Soft Science of Health (3)

Tumor (1)

Funded Research of Current Ph.D. Students

Four current student researches have been funded by state organizations. The state agencies are: Virginia Department of Mental Health,

Mental Retardation and Substance Abuse Services (DMHMRSAS), Pharmacy Shared Services, Regionalization Study, and Virginia Health Outcomes Partnership (VHOP).

Presentations at National and International Meetings

Current students have made twenty presentations at national meetings and five at international meetings. Presentations are as follows:

Annual Administrative and Policy Meeting of Shanghai Municipal Bureau of Health, Shanghai, China, January 8-10, 1995 (1)

Annual Administrative and Policy Meeting of the Health System of the Eastern Railway Transportation Administration, Anhui, China, April 22-24, 1995 (1)

Annual National Conference of Health Policies, Suzhou, China, May 18-20, 1995 (1)

Center for Clinical Psychology Services, Charlottesville, Virginia, Spring, 1997 (1)

International Health Economics Association, Vancouver, British Columbia, Canada, May 19-23, 1996 (1)

Office of Research and Demonstrations, Health Care Financing Administration, Contract No. HCFA-50-83-500, May, 1988. (1)

Richmond Area Business Group on Health, Inc., October, 1996 (1)

The First Shanghai-Taiwan Conference on Social Health Insurance Reform, Shanghai, China, April 15-16, 1995 (1)

The Second International Health Policy Symposium sponsored by the World Bank and the Ministry of Health of China, Chengdu, China, November 12-15, 1992 (1)

The 14th AHSR & FHSR Annual Meeting, Chicago, Illinois, June 15-17, 1997 (1)

The 15th AHSR & FHSR Annual Meeting, Washington, D. C., June 21-23, 1998 (7)

Virginia Department of Health Professions (5)

Virginia Health Outcomes Partnership Report (3)

Current Positions of Part-Time Ph.D. Students

Current part-time students hold ten positions related to health care. They are:

Associate Medical Director
Trigon Blue Cross Blue Shield
Richmond, Virginia

Administrative Assistant to the CEO
Johnston-Willis Hospital, Richmond, Virginia

Chief Financial Officer for PRO-NET
Richmond, Virginia

Physical Therapy Clinical
Education Coordinator
Sheltering Arms Physical
Rehabilitation Hospital
Richmond, Virginia

Project Researcher/Manager
Virginia Health Outcomes Partnership

Project Researcher/Manager
Pharmacy Regionalization, Shared Services,
and Outsourcing Alternatives for Virginia
Psychiatric Hospitals
Senior Research Associate/Instructor
Williamson Institute for Health Studies

Staff Nurse (cardiac surgery ICU)
and Adjunct Faculty Member
MCV School of Nursing

Vice President for Planning
Augusta Medical Center,
Fishersville, Virginia

Vice President for Patient Care Service
Augusta Medical Center,
Fishersville, Virginia

Internet

To improve the future direction of our program, we are developing an Internet program enabling current students and potential applicants to interact directly with the alumni via the Internet. An alumni web page will be set up with alumni e-mail addresses and biographical sketches.

The program's web page invites requests for program information; a request is sent directly to the Program's coordinator. The page has resulted in additional inquiries.

Demographic Data

Comprehensive data on the Department's alumni have been tabulated. Tables A5-1 – A5-4 and Figures A5-1 – A5-9 in the Appendices present these data.

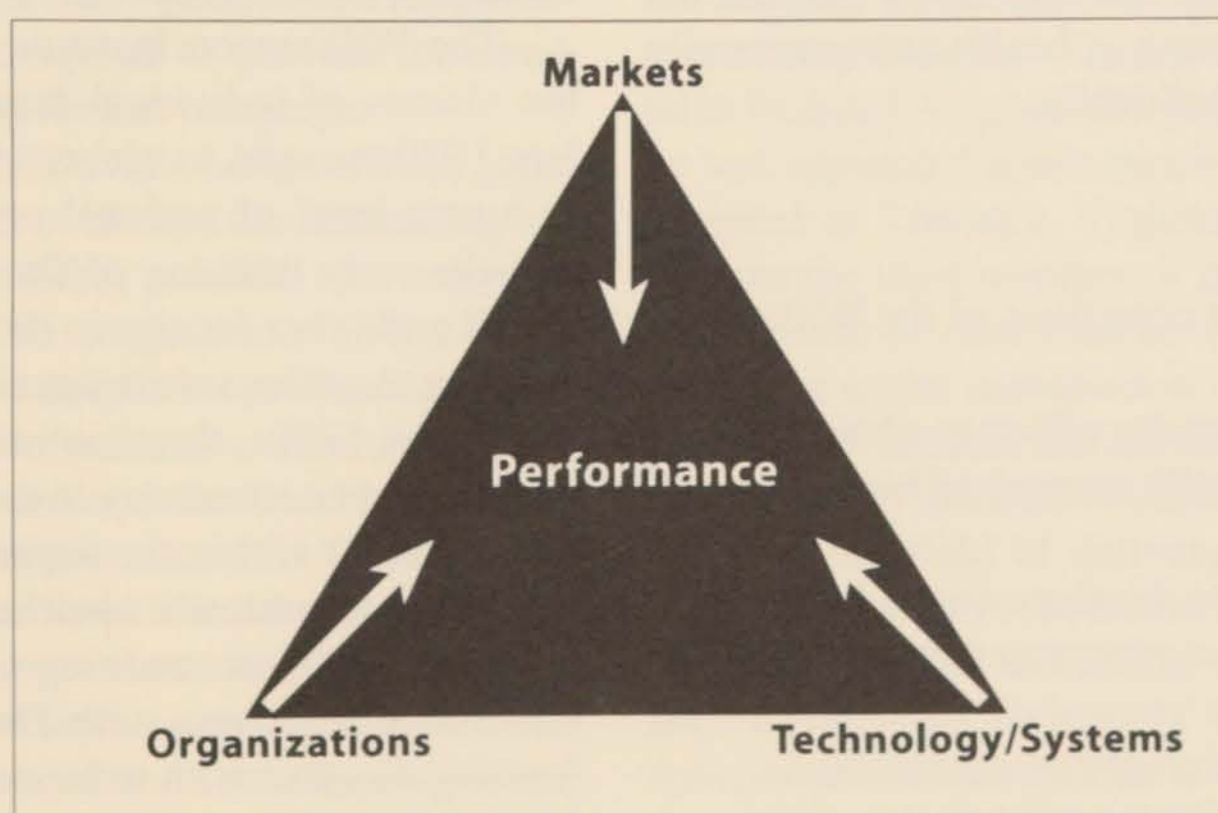
6. The Role of the David G. Williamson, Jr. Institute for Health Studies in Promoting Scholarship and Research

Major developments in American health care are profoundly changing the structures of delivery systems and financing mechanisms nationwide. Rapidly rising hospital costs, new forms of organization such as health maintenance organizations, multi-hospital systems and alliances, and the pace of new technological developments in medicine have prodded interest in wider areas of knowledge and schol-

arly activities. Leaders in management and policy arenas face significant new challenges, which demand new knowledge and systematic analysis.

The Department's response to the need was to focus and organize its scholarly efforts with a new institute for health studies. Such an institute would uniquely position the Department to provide leadership in research and educa-

The Department of Health Administration and the Williamson Institute



The focus of the Williamson Institute in 1999

tion focused on an industry undergoing unprecedented restructuring.

The Williamson Institute was formed in 1987 to study the major organizational and policy issues in the health care industry and to serve as a bridge between the field of practice and academia. It accomplishes this through health services research and innovative educational programming targeted to individuals and organizations at state, national, and international levels.

Goals

The goals that guide the strategic development of the Williamson Institute are to **position** the Institute:

- as a **nationally-recognized center of excellence** in the study of health care markets, organizations, management systems and technology, and performance. This goal envisions a convergence between faculty accomplishments and the major restructuring of the health care industry.
- as the leading academic center for the delivery of Internet-based educational programming in health care, nationally and internationally.

Objectives

The current objectives of the Williamson Institute are to:

- support faculty efforts to obtain funding for nationally recognized health services research
- support the development and offering of educational programs that draw upon the Institute's expanding capability in the area of Internet-based education
- build unique national data-bases on health care markets, organizations, and performance
- build partnerships with state, national and

international companies and agencies who support the Institute's activities

- build interdisciplinary alliances with other academic units both within and outside the University, to support collaboration in health services research as well as educational programming using the Internet.

Background

The Williamson Institute honors David G. Williamson, Jr., Vice Chairman of the Hospital Corporation of America and a graduate of the Department's MHA program in 1957, who died in 1986. (David actually was a graduate of the class of 1953, but since it did not at that time offer the master's degree, he came back to complete requirements for the MHA degree in 1957).

In 1985, David accepted the chairmanship of our fundraising campaign, which then was called New Ventures in Health Administration Education for the Department of Health Administration. The purpose of the campaign was to raise over one million dollars to fund renovations of the Grant House and to support an institute to be established within the Department.

The Williamson Institute has its roots in the visions of individual faculty who in the late 1970s sought to elevate the Department to a new level of national prominence. This was the early thinking of Dr. Shukla and Dr. Prybil and other faculty in the Department at the time. As others were appointed to the faculty in the 1980s, they too joined in to see if there might be some way to establish an institute or center within the department.

In the Department chairman's documents from the 1980s, an amazing number of notes mention discussions with Dr. Shukla about forming a center with a focus on either computers/information systems or strategy, or both. Indeed, several proposals had been produced in that decade urging the University to move forward with such an entity. In all of this, Dean

Barker had been fully supportive, recognizing the potential a center or institute might have for the Department.

Then, in the mid-1980s, those in the Dean's office and others, including those in the Advancement Office, agreed that the Department should be placed at the top of the University's fundraising priority list. In addition to the funding of the Grant House, an institute was included as a project the university would seek to support. As it turned out, we obtained funding for the building and approval for the Institute—but no funding for the Institute. Thus, the Institute is directly dependent on the efforts of the faculty.

Establishing and Naming of the Institute

In 1985, knowing that we needed a boost in our efforts to make the fundraising campaign move forward, Dr. Luke met with David and Betty Williamson at the Homestead, where they were attending a meeting of the Virginia Hospital Association, to ask David to chair our fundraising effort. David, who was Vice Chairman of HCA, was then seriously ill. Nevertheless, after discussing the department's goals, the overall fundraising campaign, and the many possibilities for the department, David agreed to provide the much needed leadership for that campaign.

As a result of David's heroic efforts, given in the last months of his life, the fundraising targets were met, making possible renovations to the Grant House. In recognition of all that David had accomplished despite his profound personal challenge and professional commitments, Dr. Luke recommended and the University agreed to establish an institute named for David. In October 1986, when David's health was failing, Dr. Ackell wrote a letter dated October 29, 1986, stating the University's recommendation to the Board of Visitors that an institute be established and named for David. This was read to David and Betty in the last week of David's life. At their May 1987 meeting, VCU's Board of Visitors approved President Ackell's request and

established The David G. Williamson, Jr. Institute for Health Studies within the Department of Health Administration.

David G. Williamson, Jr.



David G. Williamson, Jr. (1929-1986)

David Williamson began his career as a hospital administrator in the public sector in 1952, when he was the administrator of U.S. hospitals at Clark Air Force base in the Philippines and then at McGuire Air Force base in Mount Holly, New Jersey. Following discharge from the service, he became the administrator of a community hospital—Bedford County Hospital in Bedford, Virginia. Six years later, in 1961, he was appointed administrator of Lewis-Gale Hospital in Roanoke, Virginia, which was to become the third member of the new Hospital Corporation of America network. In 1974 he joined the senior management of Hospital Corporation of America and led the company's development, by which it became the first corporation in the field of delivery of care in the United States. In 1987, David Williamson was honored with the Outstanding Alumnus Award from the Medical College of Virginia Alumni Association, in recognition of his thirty-four-year career, which had demonstrated outstanding service and leadership in all segments of the industry: public, private, for-profit and non-profit. The Williamson Institute's scholarly

study in systems, markets, and new organizational forms is in keeping with the reputation and accomplishments of David G. Williamson.

Directors of the Institute

In 1987, Dr. Luke appointed Dr. Louis Rossiter as founding director of the Williamson Institute, with every confidence that Dr. Rossiter would do a thorough job of getting the Institute off on the right foot, which indeed he did. Dr. Rossiter served for two years, from 1987 to 1989, until he resigned to assume a temporary position under the Bush Administration at the Health Care Financing Administration.

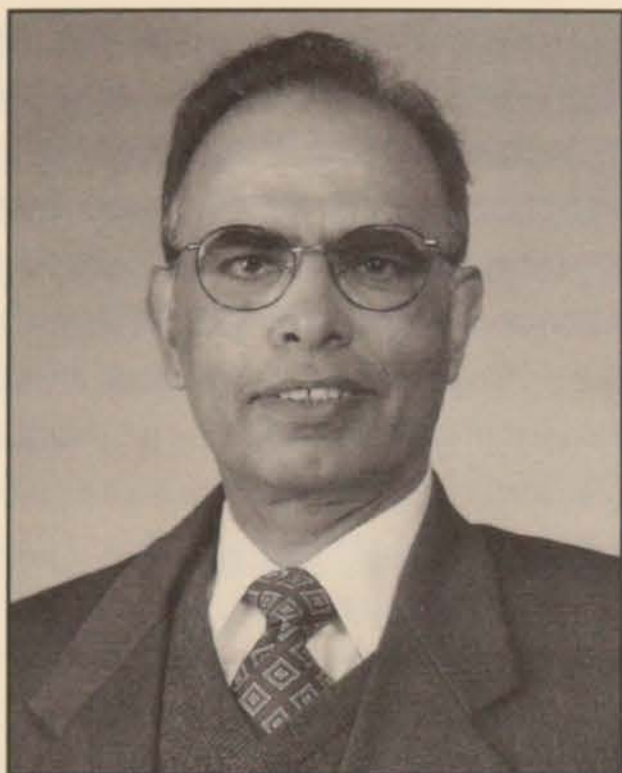


Louis Rossiter, Ph.D., founding Director of the Williamson Institute, 1987-1989

The Institute quickly moved to national prominence by winning, in collaboration with faculty in other schools on campus, major research studies of experiments in the use of health maintenance organizations to provide health care for Medicare and Medicaid recipients. These groundbreaking studies, which launched the Institute's research role, foreshadowed the current rapid expansion of Medicare and Medicaid into managed care. The studies were done in cooperation also with Mathematica Policy

Research in Princeton, New Jersey and Washington, D.C.—a cooperative effort that continues to this day, with currently funded projects. During Dr. Louis Rossiter's tenure as Director, the Institute was designated by the Health Care Financing Administration as one of a select group of national research centers. The designation was won in cooperation with Project HOPE in Millwood, Virginia, the publisher of the prominent journal, *Health Affairs*. The HCFA designation enabled the faculty to compete with other such centers for special research funding. It also helped to project the Institute onto the national scene. Indeed, it was at this time that the Williamson Institute was one of only six founding institutional members of the Association for Health Services Research in Washington, D.C.

Dr. Thomas Wan was the next Institute Director, serving from 1989 to 1991, when he resigned to become the Department Chairman. Dr. Wan continued the good work begun by Dr. Louis Rossiter, bringing in many grants and emphasizing support for doctoral students. He actively promoted health-policy-related research, and continued the collaboration with Project HOPE and Mathematica Policy Research. Other faculty were also active in research during those years, with studies of Medicaid (by Dr. Robert Hurley), graduate medical education (by Dr. Dolores Clement), mental health hospitals (by Dr. Michael McCue), trends of subacute care use by Medicare beneficiaries (by Dr. MeriBeth Stegall and Dr. Thomas Wan), and the unique characteristics of health professionals (by Dr. James Begun). As Director, Dr. Wan also expanded the Institute's collaborations to other university departments and institutions in the community. He was successful in obtaining research funds for several years from the Division of Maternal and Child Health of the Virginia Department of Health and from the Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services.



Ramesh Shukla, Ph.D., Director of the Williamson Institute, 1992-1997

The faculty appointed Dr. Ramesh Shukla as Director in 1992, in which capacity he served for five years, until 1997. Dr. Shukla built partnership relationships with state government and with private corporations, an important strategy that continues unabated today. Dr. Wan, Dr. Shukla and alumni leaders such as Tim Stack, Chris Dadlez, and Paul Gross initiated the Partnership Conferences, to which many private corporations contributed funds. Also of great significance was Dr. Shukla's leadership, with the collaboration of Drs. Jan Clement, John Pestian, and Louis Rossiter, of a major state-wide study of hospital financial performance, productivity and efficiency. Not only was this an important study in its own right, but it led to a system of hospital monitoring by the state in which the Institute and Dr. Shukla are still involved. At the same time, Dr. Robert Hurley was conducting studies of the state Medicaid program's introduction of managed care. These projects helped to position the Institute as a leading institution for the study

of state health care issues.

A number of important private sector projects were undertaken. Dr. Thomas Wan, for example, won a major contract with a pharmaceutical corporation, to conduct a three-year international educational program for its executives. Dr. Roice Luke was successful, with the assistance of Drs. Louis Rossiter and Karen Swisher, in securing funding from five major corporations to conduct in-depth case studies of local markets and their major health care systems. The study continues today with assistance from McKesson General Medical, Johnson & Johnson, and EDS. The project continues to support Dr. Roice Luke in the development of a national and unique database on strategic hospital alliances, large physician group practices, and market indicators. The ongoing funding from the private sector has been integral to obtaining funding from the Agency for Health Care Policy and Research for research on the performance of strategic hospital alliances. Dr. Roice Luke is the principal investigator for that study, in collaboration with Drs. Jan Clement, Michael McCue, Yasar Ozcan, and Louis Rossiter.

Dr. Robert Hurley has conducted many nationally recognized studies on behalf of the Institute. In the mid-1990s he examined Medic-



Dr. Ramesh Shukla meets with alumni: Elizabeth D. Starr, Sheryl Garland, and Sister Pat Eck at the Health Partnership Conference in 1994.

aid managed care; another study for Congressional agencies examined physician involvement in managed care. His work on Medicaid managed care led to the standard book in the area, *Managed Care and Medicaid*, published by Health Administration Press.

During Dr. Ramesh Shukla's directorship, the Institute embarked on international health care studies. Dr. Charles Breindel won funding from the Agency for International Development for Institute support of health care faculty education in the Czech Republic and Russia.

Studies were also begun on managed care and mental health services (Dr. Yasar Ozcan), funded by the Substance Abuse and Mental Health Services Administration; on disease management (Dr. Louis Rossiter), funded by the National Pharmaceutical Council; on Medicaid quality assessment and improvement (Dr. Louis Rossiter), funded by Virginia Department of Medical Assistance Services; on cancer care and

futile services (Drs. Karen Swisher and Thomas Wan), funded by Trigon; on hospital and nursing outcomes (Drs. Barbara Mark and Thomas Wan), funded by the National Institute of Nursing Research; and on payment adjustment for dentists in Virginia (Dr. Thomas Wan), funded by Virginia Department of Medical Assistance Services.

Current Activities of the Institute

Research

Counting from the establishment of the David G. Williamson Institute, the faculty have been responsible for directing or obtaining nearly \$20 million in funding. Before the establishment of the Williamson Institute, funded faculty research had been minimal. The present considerable level of sponsored research is funded by a variety of sources, including the federal government, agen-



Faculty retreat in 1993

cies of the Commonwealth of Virginia, foundations and corporations. Funding of the Institute's research by corporations has been rising over the past few years, reflecting the Institute's improved position in the private sector. Notably, support has been received from a number of Fortune 100 firms.

The summary below of projects sponsored by the Williamson Institute lists funded educational and research projects that are currently active. Since 1995, approximately \$6.25 million in funding has been administered through University-sponsored programs, and \$1.1 million through the MCV Foundation. Most of the projects conducted by Institute faculty not only are important nationally, but contribute directly to the Institute's goal of becoming a recognized center of excellence in the study of health care markets, organizations, management systems and technology, and performance. The following are ongoing projects:

- **Dr. Hurley:** Managed Care and Physicians. This project undertakes a national survey of how managed care firms pay physicians.
- **Drs. Luke, Swisher and Rossiter:** National Forum on Local Markets and Systems. This study, now completing its fifth year, makes four site visits per year to major markets across the country and develops a unique national database on local markets and systems.
- **Drs. Luke and Begun:** National Data Base on Large Physician Group Practices and Multi-practice Groups. This is an ongoing project in which data from the six major providers of group practice data (AMA, MGMA, AMGA, AAMC, MCIC, and CHI) are being integrated for the first time to create a national database on, and study of physician groups. Proposal pending.
- **Drs. McCue and Hurley:** Managed Care and the Medicaid Product Line: An Industry Prospective. This project is

funded by the Center for Health Care Strategies, Inc.

- **Dr. Ozcan:** Tidewater Virginia, Mental Health Managed Care Evaluation. This is the second year of a three-year grant from SAMHSA. This is a three-site RFP partnership with the University of North Carolina and the University of Virginia.
- **Dr. Ozcan:** Adult Home Care Study. Funding agency: Virginia Department of Medical Assistance Services (DMAS).
- **Dr. Rossiter:** Telecommunications Outcomes Project. This is being done in collaboration with the American Association of Ambulatory Surgery Centers, Chicago, IL, with funding from Pfizer Inc. It sets up 30 pilot ASCs to send real-time outcomes data to the Institute's Web server for instant feedback and benchmarking of results from ambulatory surgery. Once the network is in place, it will be open to all 400 members. In phase IV, it is hoped to offer the network for clinical trial surveillance.
- **Dr. Rossiter:** The Virginia Health Outcomes Partnership. This is sponsored by the National Pharmaceutical Council and 24 member companies, to demonstrate a new model of Medicaid Managed Care using disease management techniques.
- **Dr. Shukla:** Patient-Focused Design for MR (mental retardation) Facilities. This project is designed for medical and nursing care delivery at Southeastern Virginia Training Center (one of the thirteen MR facilities in Virginia.). The Health Commissioner is considering applying this to all facilities in Virginia.
- **Dr. Shukla:** Quality-of-care report card for Virginia Hospitals and Nursing Homes. The VHI Board has approved his proposal and methodology for developing a report card to rank all hospitals and nursing homes in Virginia on the quality of their care.

- **Dr. Wan:** Hospital and Nursing Outcomes Study. This four-year project is funded by the National Institute of Nursing Research, NIH.
- **Dr. Wan:** Risk Adjustment Methodology for Measuring Hospital Performance. This project is funded by the Reciprocal Group. Its purpose is to design a minimum data set system for evaluating incidents and adverse events in 223 hospitals.
- **Dr. White:** Study of Organizational Ownership and Performance and the Nursing Profession (as they relate to market changes and the need for strategic adaptation)

One important product of the research of Institute faculty is the publication of their work in scholarly journals. Since the inception of the Institute, faculty articles, books, papers and other presentations have numbered in the hundreds. The average number of refereed journal publications per year is 4.2 per faculty. This output has contributed measurably to the national reputation of the Institute and the Department. Our scholarly work and research publications are well recognized in the field of health services research.

Of particular note has been the recent accomplishment by Dr. Yasar Ozcan, who has been directly involved in the creation of a major new journal: *Health Care Management Science*. Dr. Ozcan is the founding editor of the journal, the first issue of which came out in July 1998. Other Institute faculty have served as editors and/or on the editorial boards of major journals in our field.

Teaching: Internet-Based Programming

The Institute fosters the application of innovations in delivery modalities, emphasizing especially the use of the Internet for classroom seminars and case discussions. A number of new applications of this technology are in the plan-

ning and developmental stages. Those already in place are:

- **Executive Program in Health Administration**, which offers the MSHA degree. This uses the Internet to deliver seminars, conduct cases, and facilitate project planning. For an illustration of seminar web pages and seminars, hit the following Web site and then go to the **Execunet Demo**: <http://www.had.vcu.edu/>
- **RESINET**, a year-long course that uses the Internet to deliver seminars to third-year students of the MHA program who are doing their residencies around the country. Importantly, executives serving as preceptors also participate as faculty in delivering the educational modules.
- **Williamson Forum**, a corporately funded Internet seminar series that brings together experts in the field (faculty, corporate executives, consultants, policy analysts, etc.) to discuss major issues facing the health care industry. The Forum is currently being used to bring faculty and alumni together to discuss important issues facing the health care field.
- **Executive Fellowship in Health Systems**, sponsored by a major pharmaceutical company, is a short-course educational program that uses six months of intensive education, supplemented by Internet classroom discussions. We have just completed our third program, which was offered to the company's international executives.
- **Internet-based doctoral program** for health professionals, now offered by the School of Allied Health Professions at VCU.
- **Telecommunications Outcomes Project**. With funding from the Pfizer company, the Institute set up and manages a special web site for the American Association of Ambulatory Surgery Centers, Chicago, IL. The site provides a

vehicle for instant feedback and benchmarking of results from ambulatory surgery. The AAASC Web site is — click on outcomes project: <http://www.had.vcu.edu/aaasc/>

- **AHSR Forum** is a joint venture between the Williamson Institute and the Association for Health Services Research to put on a series of seminars for leading scholars and practitioners in the field. This project is underway. Plans are to begin in the 1999 session of AHSR.
- **International graduate program offerings.** The Institute is collaborating with universities and other parties in four countries to establish Internet-based executive programs that would be offered locally. These ventures will enable countries to train health administrators who would otherwise have little access to formal education in management. One important program, about to get under way, is a joint venture between the Institute

and the University of Natal in South Africa to set up a master's program in health administration; Drs. Ozcan and Wan have led in preparing this important program. Detailed accomplishments of our faculty in the international arena are presented in Chapter 8.

- **Proposed virtual conferences:** The Institute is negotiating three projects in which we would collaborate with selected national professional associations in offering "virtual conferences" for their members. We hope to expand our educational offerings in this area.

Teaching: Other Institute Contributions

The Institute supports the traditional and the nontraditional academic programs of the Department. It provides an important laboratory within which faculty and students actively interact with the rapidly developing health care industry. This helps to assure that they remain



Healthcare Partnership Conference, 1995: Paul Gross (MHA '64), John N. Simpson (MHA '59), and Richard Kraus (MHA '64)

current with management thought and practice, educational delivery strategies, and trends and developments in health system and market restructuring.

In addition, the Institute helps to maintain a national focus for the Department's academic programs, which is essential for their high national visibility and reputation. The Institute does so, in part, by partnering with many important health care companies and organizations: buyers, insurers/managed care firms, hospital systems, physician organizations, distributors (pharmaceutical and medical/surgical), manufacturers (pharmaceutical and medical/surgical), law and consulting groups, and governmental and regulatory agencies.

The Institute has supported, for several years, the Williamson Institute Collegium — an ongoing seminar series that has covered a wide range of issues in health care research and policy. Students, faculty and colleagues within the University have been invited to attend the

seminars, which are held at the Grant House.

Over the years the Institute has held a number of corporately sponsored conferences — The Institute on Health and Law, The Conference on Ethics and Health, The Landmarks in Leadership Series, and the Healthcare Partnership Conference — to which students, faculty, local health care executives, lawyers, policy makers, alumni, and others have been invited. Also, in support of the Department's graduate programs, the Institute recently established a Seminar Series on Health Care and the Community, named for Betty Williamson (see below).

The Institute's Key Financial Support for Department and Doctoral Research

Finally, the Institute provides major financial support to the Department's master's and doctoral programs. The research of the Institute faculty has been particularly critical to the success of the over 50 graduates and 40 continuing students of



At the first Betty Williamson Lecture: Left to right, Dr. Roice Luke, Dr. Karen Swisher, Charles Ayres, Beth Williamson Ayres, Dr. Louis Rossiter, and Dr. Ronald Cranford (speaker)

the doctoral program. Institute projects have also provided much needed financial support for many doctoral and master's students.

Institute projects provide the bulk of the financial resources for Department faculty development, fund much of the Department's ongoing operating budget, and fund computer and other teaching equipment used in the Department's graduate program and by the faculty.

The Betty Williamson Lecture Series on Health Care and the Community

The Institute recently instituted a new lecture series in honor of Betty Williamson. The purpose of the series is to bring together students, faculty, providers and the community to discuss the special responsibilities participants in the health care industry have to improve the health of the community. The series features nationally recognized experts in health administration, policy, and ethics who are invited to discuss such topics as:

- meeting the medical needs of America's children
- ensuring access to quality care for the mentally disadvantaged and the disabled
- educating the health care community on care for patients with cancer, AIDS, and serious and chronic disease
- managing the rising costs of health care
- maintaining societal safety nets to ensure that poor citizens have access to health care
- defining the social responsibility of health care providers
- keeping ethics alive in health care

It is especially valuable that this lecture series will undertake topics that are now too often overlooked as the health care industry reshapes itself. We may be too easily swept up in the financial swirl of acquisitions, mergers, partnerships, negotiated contracts, and divestitures. This lecture series reminds us of the missions that underlie what has become now an indus-

try, of the obligations we have as care providers to meet the full needs of society for healing, and of the many helpless casualties of a changing industry whose safety nets are either missing or in disrepair.

The seminars, which are free to the public, recognize the Williamson family's long-standing support of the Williamson Institute. Betty Williamson has been a true friend of the Department and the Institute for many years. Our relationship with her and her family extends back as far as the early 1950s, when she and her husband David lived in Richmond and David was a student in the first class of our MHA Program. Mrs. Williamson encouraged David in his leadership of our fundraising program even as he was seriously ill. As a result of their courageous efforts, we were able to establish the Williamson Institute and renovate the Grant House.

Collaborative Relationships

The Institute encourages wide-spread involvement of individuals within and outside of the University in Institute programs and activities. It has a formal collaborative relationship with the VCU Institute for Outcomes Research, where Dr. Louis Rossiter currently serves as the Associate Director; and with the Massey Cancer Center, the VCU HIV/AIDS Center, and others. The Institute also is in the process of inviting a number of academic units, both within and outside the University, to become "organizational partners" of the Williamson Institute. The goal is for the Institute to become a major resource in bringing together programs and faculty who share interests in health services research and/or graduate education.

Two joint educational programs sponsored by the Institute are:

- **Joint doctoral program** in health administration and law, with the T. C. Williams School of Law at the University of Richmond. This program is described in detail in Chapter 3.

- **An Internet-based doctoral program in health sciences**, in collaboration with the School of Allied Health Professions. The program started in Fall 1998. Three doctoral students were recruited in the health administration track.
- **A health policy track of the Ph.D. program in public policy**, in collaboration with the Center for Public Policy, established in 1998.

In addition, the Institute supports courses in the master's degree programs in the departments of Preventive Medicine and Community Health, Nursing Administration, and Gerontology.

Over the years of the Institute's existence, literally hundreds of corporate and public organizations have made substantive contributions to our educational and research programs. The list is too extensive to produce here. Organizations have made speakers available, served as study sites, and provided funds.

Funding generated out of our corporate partnerships has made it possible for us to employ many master's and doctoral students, support faculty development, and acquire needed equipment and other resources. These corporate relationships have thus greatly enhanced the quality of our educational offerings and research output and have been the essential ingredient in our top 10 ranking among programs nationally, which also has made us one of the highest ranked graduate programs in the Commonwealth of Virginia.

Organization

The Williamson Institute is administratively located within the Department of Health Administration and comes under the overall direction of the Department Chair. The Chair recommends to the Department faculty the appointment of an Institute Director and approves appointments of Associate Directors upon recommendation of the Institute Director. The recommended appointment of the Director is approved

by the School and the University.

The following individuals currently serve in administrative capacities in the Institute:

Roice D. Luke, Ph.D.

Director

Karen N. Swisher, J.D.

Associate Director

Beverly DeShazo

Administrative Coordinator

The Department's Steering Committee is a standing committee that provides overall strategic input to the Institute Director. To assist in achieving specific objectives of the Institute, the Director has appointed an Executive Committee, which is made up of the following individuals:

Roice D. Luke, Ph.D.

Louis F. Rossiter, Ph.D.

Ramesh Shukla, Ph.D.

Karen N. Swisher, J.D.

Thomas T. H. Wan, Ph.D.

Members of the Institute are the faculty of the Department of Health Administration. Research Fellows are doctoral students who choose to be associated with the Institute. Williamson Institute Partners are those research and other organizations that agree to partner with the Williamson Institute. The Institute Director may recommend for faculty approval that colleagues from outside the Department be appointed Associate Members of the Institute.

Conclusions

The Department of Health Administration has evolved from its local beginning as an educational program in Virginia to a nationally and internationally recognized research and educational center. The Institute has been instrumental in the evolution of the department's culture from a teaching institution to a research and educational enterprise. Several elements and strategies that have shaped the direction and the reputation of the Department through the development of the Williamson Institute are 1) environmental influences, 2) leadership com-

mitment, 3) recruitment of research-oriented faculty, 4) new standards for the promotion and tenure of faculty members, 5) the necessity to support doctoral students, 6) the search for research grants and contracts, 7) establishment of collaborative research with other research institutions, 8) partnering with State agencies and with corporations, 9) development of an Internet-based, on-line Executive program, and 10) development of international health administration education.

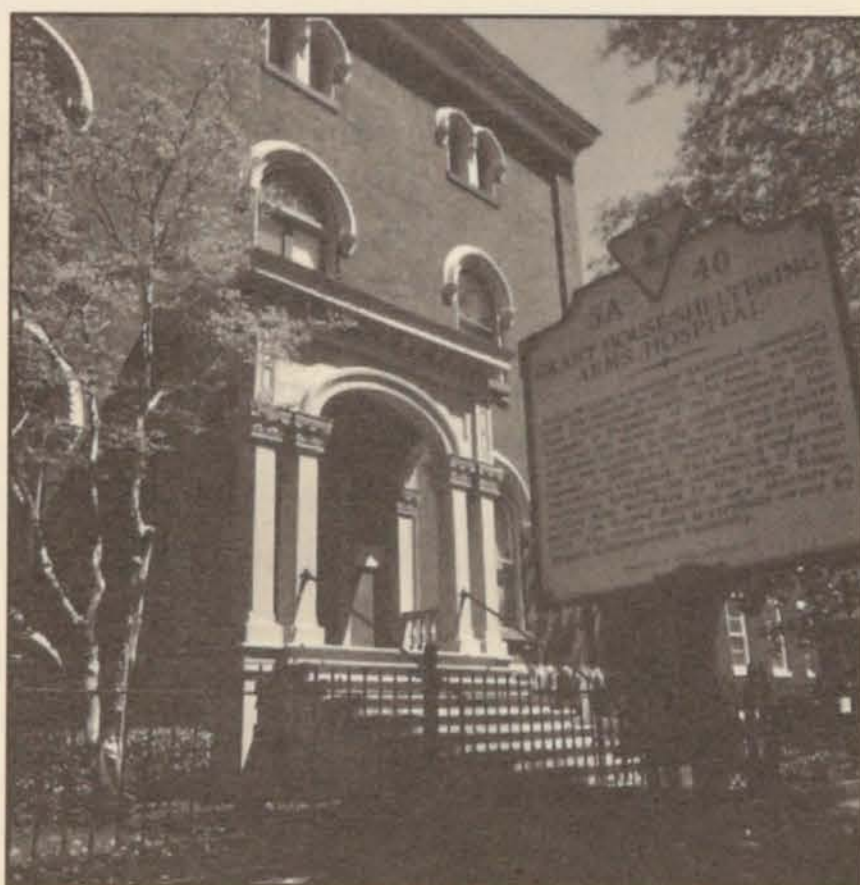
The Department of Health Administration has grown dramatically in size in the last two decades. The reputation and quality of the faculty give the department the opportunity to recruit students and develop nationally and internationally respected programs. As a result,

the Department has increased the number of graduates from its educational programs, increased its research outputs, and increased its service commitments to the State government, private corporations, and international organizations.

Our concerted efforts in employing continuous improvement strategies have made educational processes more efficient and allowed greater research productivity. We firmly believe that our academic and research performance is now a benchmark for health administration programs in other universities. To position the Department even more saliently, we have begun to formulate programmatic plans for using health information technology and informatics in education and research.

7. The Grant House

"Oh, if the walls could talk, what stories they would tell"—so said Robert Grant Willis, a descendent of the Grant family and friend of the Department, during a tour of the Grant House to review the renovations, then nearly complete. Indeed, the Grant House has a richly complex history. This chapter does its best to trace it.



The Grant House

The Grant House history has five periods:

- 1) Mansion period (1856 – 1871), when it was inhabited by its original owners, the William H. Grant family
- 2) Post-Grant period (1871 – 1894), when there were a series of owners and uses (including a boarding school)
- 3) Sheltering Arms Free Hospital period (1894 – 1964), when the building served as a charity hospital

- 4) MCV period (1964 – 1992), when it was used as a backup building by MCV
- 5) Department of Health Administration period (1992 – present), when it became our new home

After reviewing the process the Department went through to get into the building, this chapter summarizes two of the building's most interesting uses—as a family mansion of the Civil War era, and as the Sheltering Arms Free Hospital.

Department of Health Administration's Move to the Grant House

In 1983, it was painfully clear that the Department needed new space. Its offices had expanded beyond its headquarters in Randolph Minor Annex to both the fifth floor of the Nursing Education Building and the basement of the Lyons Building. The faculty were thus spread across three buildings, and the Lyons Building was four to five blocks from Randolph Minor Annex, the Nursing Education Building a block away.

At first, the hope was to consolidate the department in the Egyptian Building. On September 1, 1983, Dr. Luke assembled a star-studded group of alumni and, with Dr. Thomas Barker, met with President Edmund Ackell and Vice President Lauren Woods to discuss the Department's need for new space. In attendance at that meeting were:

Thomas Barker
David Bernd
Jerry Brink
Roice Luke
Wickliffe Lyne
Carter Melton
Stephen Montgomery
John Simpson

After pointing out that the Egyptian Building simply was not available. President Ackell turned to Dr. Woods and said: "How about the Sheltering Arms Building?" Dr. Luke, not being familiar with the building, feared the worst. In his chapter 3 memoir, Dr. Luke recounts his happy surprise when "it turned out to be the jewel of the campus—and a major historic landmark besides!"

An extended fundraising effort was

launched, and renovations begun in 1991. The Depasquale GentilHomme Group was selected as the architectural firm for the renovations project, and Kenbridge Construction, Inc. as the contractor. Renovations were completed early the next year, and the Department moved in on May 18, 1992.

At the September 1992 meeting of the University's Board of Visitors, they officially changed the name of the building from the Sheltering Arms Hospital Building to the William H. Grant House. A ceremony dedicated the Grant House on November 6, 1992.

In the plans, everything possible was done to preserve the historic feeling and look of the building. Experts were consulted to select the outside paint, clean the brick, repair the portico and steps, and plan the decoration of the first floor.

In particular, Dr. Luke and the other members of the planning committee wanted to avoid destroying the spaciousness of the building, and resisted the usual notion of dividing the rooms in gracious old buildings. Instead, they preserved the original first floor as much as possible, to be used as teaching and meeting spaces. The rooms there are now the main conference room, the Gross Library, the Willis Study, the doctoral student conference room, the Riverside Classroom, the Richmond Memorial Student Lounge, the Computer Lab and the Graphics Lab. In addition, one office on the first floor is for the Executive in Residence, and four rooms are for doctoral student offices.

Grant House Planning Committee

The members of the Grant House Planning Committee were:

M. Caroline Martin, Committee Chair
Executive Vice President
Riverside Healthcare Association
Sally Camp

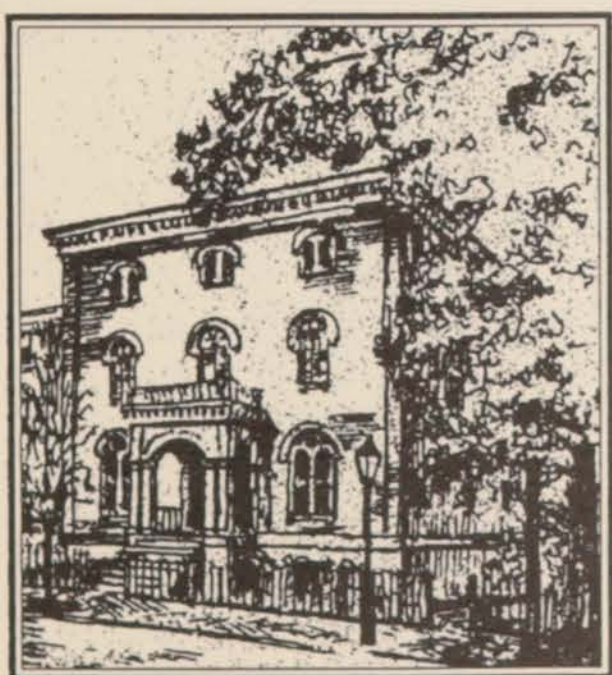
Director of Health Ministries
Evangelical Lutheran Church in America
Sheri L. Duff

Dedication

The William H. Grant House

1008 E. Clay St.

Home of the Department of Health Administration



2:00 p.m.

Friday, November 6, 1992



Virginia Commonwealth University
Medical College of Virginia Campus

Announcement of the Grant House dedication

Vice President/COO
Virginia Hospital Shared Service Corporation
James Dunn

Director, External Affairs
School of Allied Health Professions
Roice D. Luke, Ph.D.

Professor
Department of Health Administration
David R. Selig

Assistant Vice President, Corporate
Professional Services

Richmond Memorial Hospital
William "Bo" Turner, III
Administrator

FHC of Portsmouth
Thomas T. H. Wan, Ph.D.
Chairman

Department of Health Administration

Dr. Roice Luke, who as Chair of the Department spurred the acquisition of the Grant House for the Department's home, has given

his own account of the project's initiation in his memoir of his service as Chair, found in chapter three. Here, he has furnished his personal account of the arduous and gratifying experience of completing the renovation and the move.

Memoir of the Grant House Acquisition, by Dr. Roice Luke

Major University Players

Certain highly effective individuals deserve special thanks for all they did to help get us into the building. Most of all, I acknowledge the tireless efforts of Carroll George, who became an invaluable and highly competent partner for me from the beginning to the end of our efforts to acquire, fund, and plan our move into the Grant House. Dean Barker was very supportive and effective in making it possible for us to acquire the building and to facilitate our moving the fundraising forward. He received



Alumni gathered on the Grant House dedication day.

Program for the Dedication of the Grant House, 1992

The William H. Grant House

1008 E. Clay St.

Home of the Department of Health Administration

2:00 p.m., Friday, November 6, 1992

Program

Introductions and Welcome

R. Timothy Stack
President, Borgess Health Alliance
President, Executive Committee
Health Administration Alumni Association

Official Greetings

Eugene P. Trani, Ph.D.
President, Virginia Commonwealth University
John E. Jones, M.D.
Vice President for Health Sciences
Thomas C. Barker, Ph.D.
Dean, School of Allied Health Professions
Thomas T. H. Wan, Ph.D.
Chairman, Department of Health Administration

Dedicatory Comments

John N. Simpson
President, Health Corporation of Virginia
Roice D. Luke, Ph.D.
Professor, Department of Health Administration

Special Presentations

Betsy Brown
President, Women's Council
Sheltering Arms Physical Rehabilitation Hospital
Robert Grant Willis
The Grant Family
Laurens Sartoris
President, Virginia Hospital Association

Ribbon Cutting Ceremony

Open House to Follow Dedication Ceremony

most able assistance from two individuals, without whom I know we might not have gotten the project done. One was Jim Dunn, who worked closely with me in raising the funds. The other was Larrie Dean, the lead administrative person in the Dean's office, who managed communications and details with the University. (I would note that he was also highly instrumental in getting the Executive Program approved for us — see comments in my history.)

Able and committed leadership came from Vice President Alastair Connell, who was always available to us whenever we needed his help to move things along. I also acknowledge the prodigious efforts of Jerry Norville. Jerry not only "kept the trains running" throughout this period, but was an indispensable advisor to me on all matters relating to the building, as well as on the development of the Department in general. Yasar Ozcan's vital contribution was in planning the computer rooms and wiring for the building. Lastly, I would thank all the alumni who provided leadership throughout this important and trying period. I owe a personal debt to one individual who reached beyond the role of alumnus to become a valued advisor and confidant — John Simpson.

Special Rooms and Items in the Building

The Willis Study. The "piano room" was named the Willis Study, in honor of my good friend and the department's friend, Robert Grant Willis. Bob is a descendent of Leroy Grant, a brother of William H. Grant, the original owner of the Grant House.

Bob has been an inspiration to me since shortly after we received the go-ahead to raise funds to renovate the Grant House. I first learned of Bob when I was told he wanted to donate some items to the Grant House. (I think it was someone from the Confederate Museum who put me in contact with him.) For many reasons, all of us in the department are extremely grateful that he became a part of our family.

The Grant Piano. Bob Willis donated a number of items that are in the building, including the piano that sits in the Willis Study. This piano had been in Bob's home for many years and before that had been in the family for some time.

Painting of William H. Grant. The painting of William H. Grant that hangs in the Willis Study was painted by Bob Willis, who based his work on a photo believed to be of Mr. Grant. The frame for the painting is on loan to us from the Museum of the Confederacy.

Interestingly, Bob had not had great experience as a painter. But he did not let that stop him. Indeed, he is a person whose "can do" spirit has been demonstrated on many occasions. For example, Bob has been active in the preservation movement here in Richmond, having almost single-handedly saved a number of historically important houses and other buildings from being demolished. (In another indication of his talent, courage and drive, Bob also is the sculptor of a seven-foot-tall bronze statue of Edna St. Vincent Millay that now stands in a grassy area near the library overlooking Camden Harbor in Camden, Maine, Millay's birthplace. After failing to get the Camden town fathers to come up with enough money to fund a sculpture of this famous poet, Bob—who had not previously done sculpture—decided to do the work himself. He created a clay model in his garage here in Richmond, which was then forged by a foundry, Wegner Metal Arts, Inc., of Fredericksburg. The sculpture was dedicated on August 15, 1989. Of the statue, Bob said: "In a small way, it's my contribution to the women's movement.")

Art Work in the Conference Room. The Valentine Museum lent Grant House four same-period paintings that they had been holding in storage. These now hang in the first floor conference room. Bob Willis helped us obtain their loan from the museum.

Grant Family Memorabilia. In the first floor conference room, a cabinet (on loan from the Museum of the Confederacy) is filled with



Rob Willis's sculpture of Edna St. Vincent Millay stands in Camden, Maine. Photo: Rob Willis

memorabilia associated with the Grant family. Bob Willis donated these items to the Department. Included in the collection is a dueling sword that had been in the possession of James Russell Grant (Virginia Military Institute c. 1860), one of the sons of William H. Grant.

The Wickham House Chandelier. This chandelier, which hangs in the first floor conference room, was made by Cornelious & Co. of Philadelphia. It is on loan to the Department from the Valentine Museum. For some time, it had hung in the Wickham house, which is across the street from the Grant House, but it had been put in storage after the museum decided to redo the room to its original period (late eighteenth—early nineteenth century). The chandelier dates to the 1840s or 1850s, and so is perfectly appropriate for use in the Grant House, which was completed in 1856.



Dr. Luke met with William E. Duke, Jr. and Robert Grant Willis, Jr. in the Grant House in 1991.

Bob Willis helped me secure approval from the Valentine Museum for the loan of the chandelier. At the request of the Museum, we contracted with Museum Quality Restorers, of Palmyra, New Jersey, to restore and mount the chandelier in the conference room.

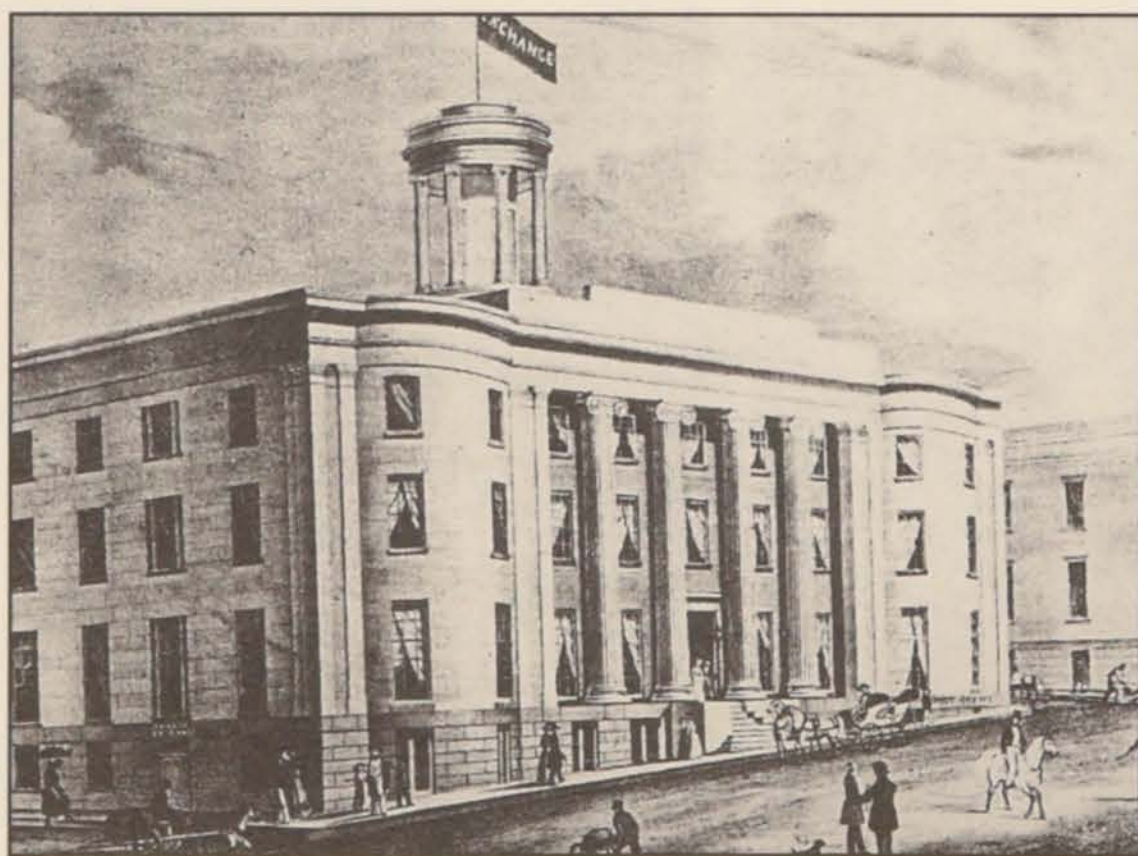
Mirror Donated by Lucy Duke Kinne and William E. Duke, Jr. A late Empire Classical style pier mirror, thought to have been manufactured in Philadelphia (c. 1840) now hangs in the first floor conference room.. The mirror is approximately five by eight feet, has a walnut frame and is gilded with gold leaf. The top of the mirror has a carved lotus or Nile lily decoration, with the head of Cleopatra in full relief in the center of the top crest.

The mirror first rested on a mantle in the home of Dr. and Mrs. John Flavel Slaughter; Dr. Slaughter was a Lynchburg attorney. When his daughter, Edith, married a Charlottesville attorney (later judge), Richard Thomas Walter Duke, Jr., the mirror went to the Duke home on Park Street in Charlottesville. It remained in the hall there until the home was sold in 1984, upon the death of the last of Judge and Mrs. Duke's children. Recently it was given to the Museum of the Confederacy by the Duke grand-

children, William E. Duke, Jr. of Richmond and Lucy Duke Kinne of Setauket, NY. However, the Museum was not able to use it, so, at the urging of Bob Willis, Mr. Duke agreed to have the mirror transferred to the University for placement in the Grant House. The mirror was installed in the Grant House in 1992 in time for the November dedication ceremonies.

Mirror from the Exchange Hotel. This mirror, which hangs in the entry hallway of the Grant House, once graced the lobby of Richmond's famed Exchange Hotel, at Fourteenth and Franklin Streets. The hotel was built in 1841 and demolished in 1900. Before the Civil War, national and international persons of note stayed in the hotel. In 1842, the English novelist Charles Dickens was a guest there, where State and City officials lavishly entertained him. It was in the hotel's "Concert Room" that Edgar Allen Poe read his immortal poem, "The Raven," to a small but enthusiastic audience in 1849, shortly before his death in Baltimore. This mirror is on loan from the Museum of the Confederacy.

Table in the First Floor Conference Room. Sheltering Arms Hospital donated a number of pieces of antique furniture that had been in the old Sheltering Arms Hospital building. One piece was a very beautiful table with clawed lion's feet. At first, we could find no place to put the table. However, one day, as Tom Wan, Carroll George and I were about to enter into a contract to have a new conference table made for the conference room on the first floor, Tom suggested that we pull the table apart to see how far it could be stretched. We did and discovered that it fit perfectly in that room. So then and there we changed our strategy and contracted to have the table redone and new leaves created to extend



The Exchange Hotel Photo: Richmond Times-Dispatch

the table into a long conference table. The result can be seen in the conference room — a dramatic and lovely table, appropriate for such a historic space.

First Floor Decoration. Under the informed guidance of Elise Wight, a recognized expert on interiors of the 1840s and 1850s and a well-known patron of the Valentine Museum, we selected historically appropriate wall paper and carpet for the first floor of the original house. (A classroom and labs are located in the wings.)

The chandeliers in the front hall and in the Willis Study were manufactured from old parts by Bill Tombs of Tombs, Ltd., on Patterson Avenue. The furniture in the student lounge was donated by the Wieland Company, its manufacturer. Other similar furniture throughout the building was made available to us at a significant discount by Wieland. The oriental carpets were purchased from M. Kambourian & Sons, Inc., here in Richmond.

Photos and Plaque. Funds for the photos and a painting that hang in the first floor as well as for the plaque on the outside wall near the front door, which commemorates the old hospital, were donated by the Women's Board of the Sheltering Arms Hospital. The pictures of the old Sheltering Arms Hospital building and other nearby buildings on Clay Street were obtained from the Valentine Museum. The painting is a copy of the portrait of Rebekah Peterkin, who is discussed in the history of the house that follows below. Nancy Barret, Director of Community Services for Sheltering Arms, as well as Lucy (Todd) Dabney, Betsy Brown, Betsy Terrell, Sally Flinn, and others from the Sheltering Arms Woman's Council were instrumental in ensuring the contributions needed to fund the art work on the first floor.

The copy of the painting of the Grant House and certain other items in the Willis Study were donated by Bob Willis.

Special Rooms. We are pleased that friends of the Department have been generous in supporting the development of the Grant House, as well as the Department generally. In addition to the Willis Study, four rooms recognize special contributions: on the first floor, the Richmond Memorial Hospital Student Lounge, the Riverside Hospital System Classroom, and the Paul and Gail Gross Library; and the Carilion Health System Conference Room, on the second floor.

History of the Grant House

In 1857, William H. Grant, a prominent Richmond tobacconist, built at 1008 E. Clay Street an imposing mansion in the exuberant, romantic Italianate style of the 1850s. The handsome facade embraced three full stories and a cellar, with an elaborate and balustered entrance porch, a striking cornice, and windows with large cast-iron hoodmoulds above them. The house commanded a prominent location in what is now called "Court End." Among its famous neighbors today are such distinguished struc-



The William Grant Mansion (1901) was home to the Sheltering Arms Hospital from 1894-1964. Photo: Foster Collection, Virginia Historical Society

tures as the White House of the Confederacy; the Valentine Museum; the Wickham House; the Benjamin Watkins Leigh house; and, just to the east, the MCV Alumni House, a partial reconstruction of the original Maupin-Maury House, with the Gross Center recently built as an extension.

As a bitter outcome of the combined stresses of the Civil War and its aftermath, and some formidable family crises, the Grant family in 1871 sold its beautiful home. The house then passed through many hands until November 20, 1894, when it became the site for The Sheltering Arms Free Hospital (later simplified to Sheltering Arms Hospital). The early mission of the Hospital, to "succor . . . the sick, suffering poor," drew the affections, resources and energies of many concerned citizens, physicians, and nurses into the service of ailing, impoverished Virginians. (The Hospital moved to the Richmond Memorial Hospital campus in 1964.) Major changes and additions were made to the building in the 70 years that the hospital functioned there; the north wing was raised from two stories to three, and a connecting wing was built to the Leigh house, on the west.

The following is an excerpt from a brief account of the Grant House in *Houses of Old Richmond*, by Mary Wingfield Scott: "*While the Grant mansion dates from a period of tobacco-prosperity rather than of artistic taste, it is imposing, especially placed as it is in the middle of the block. There are curves everywhere, over the windows and over the porch. The paneled effect [of the eyebrows] . . . and the frank bigness of the house give it a certain imposing quality that makes it very suitable for a public building or institution.*"

Scott also noted that the house had changed over time: "*[T]he porches in the rear are gone; first the wing was raised from two stories to three; . . . in 1941, a large new addition connecting the house with the Benjamin Watkins Leigh house to the west of it has entirely covered the original wing.*"

The Grant Family

The original builder and owner of the Grant House, William Henry Grant, Sr., was the oldest son of John and Martha Grant:

John Samuel Grant and Martha Stuart (1790)

William Henry Sr. *

James Henry Sr.

Beverly

Mary Jane

John Samuel Jr.

Frances Eleanor

Martha Ann

George W.

Leroy Jefferson **

Alexander

* William and Amanda Grant

James Russel (1845)

Mary Elizabeth (1847) ***

William Henry Jr. (1851)

Edward Stuart (1855)

** Great, great grandfather of the friend of the Department, Robert Grant Willis.

*** The Missing Family

(can't find records of them beyond the 1860s)

Horace or Samuel Ford ??? and

Mary Elizabeth Grant

Daughter: Juliette Ford

Some Interesting History

A fascinating part of the history of the Grant family is a supposed scandal and subsequent murder that eventually contributed, together with problems in their tobacco business, to the necessity to move from their home. The story is summarized in the following excerpts extracted from microfilms at the State Library of Virginia.

The Fatal Article. The following was published on the front page of the *Southern Opinion* on Saturday, November 21, 1868.

An Elopement, so-called on Clay
Street — An Upper-Ten Family Con-
cerned — Dreadful Denouement

"Oh no, we never mention 'em" — old air.

The Indian Summer has passed away, and with it has passed a fair and radiant daughter of one of our first citizens — a nabob of Clay street — a gentleman who, suffice it to say, holds the very first position in the wealthy and fashionable circles of the city. The daughter, the rebellant Helen of the family, is beautiful beyond description, but her beauty did not prevent her from falling desperately and irretrievably in love with a young gentleman of semi-militarie connections, who it appears, some months ago, plighted his troth and accepted the tiny hand, grasping it within his own —

"Never to be parted; never for aye."

Nobody suspected a messalliance, much less the father, until last Saturday night when the daughter, who was the light of his household, fled to parts unknown, or at least, only guessed, in company with one (a masculine) who should ere then have been proclaimed his son-in-law.

The runaway parties have been heard from, and it is now said that the lady proclaimed herself a wife of some six months, and that her affianced is the choice of her after life.

"What God hath joined together let no man put asunder."

The gay young man, who has whisked away the angel, is a Lothario named Horace Ford, of Goochland county, which county ought to be proud of him, as it doubtless is. Horace is an orphan, just plunging into his teens, and has lost both of his parents by death. Much property accrued to Horace in the shape of money, chattels, goods, etc., and having converted the whole into "ready rhino," Horace ventured for a swim in the sea of gay life and love. He met Miss Mary Grant — a beauty —

"Met perchance the usual way."

Talked delicious nonsense, won her heart, then half inclined to earnestness threw it away.
Ah! me!

The Family's Defense of the Daughter. Published in *Richmond's Daily Dispatch*, Wednesday, Nov. 25, 1868.

"We are informed that there was no elopement whatever; no gentleman in the case. The account given by the members of the family . . . is that Miss Grant wished to visit a young lady friend in Philadelphia Her parents withholding their permission, she made up her mind to go any way but . . . the friends . . . telegraphed that the young lady was there, and, had been taken suddenly ill. Young Mr. Grant [presumably, James] and his mother went immediately to Philadelphia, and as soon as she was well enough to come home, which was on Friday [assume this was Nov. 20], the whole party returned to Richmond."

Assassination of Henry Rives Pollard. Published in *Southern Opinion*, Saturday, Dec. 5, 1868.

"A sad but severe duty devolves upon the present writer . . . now that the body of the late editor, his murdered brother, has been deposited in the grave On Saturday, the 21st of November there appeared . . . an article reflecting . . . injuriously on a member of the family of William H. Grant. . . . In the morning of the 24th . . . , H. Rives Pollard drove out from his residence on the Grove Road, and . . . alighted . . . at the stepping-block very near the corner of Main and Fourteenth streets. . . when suddenly a deafening report appeared to break the air and to explode all around him; there was a cruel splash of shot on the brick wall; a mist of blood in the troubled air; and he whom God had given life . . . fell dead in the broad sunlight. . . . In a room in the third story of the high building. . . on the corner of Main and Fourteenth streets, was found James Grant; in the corner of it a double barreled gun, . . . one barrel loaded, the other empty; and on the table a Colt's revolver and two Derringers, all loaded."

The Indictment. Published in *Richmond's Daily Dispatch*, Wednesday, Feb. 17, 1869.

"The Grand jurors of the Commonwealth of Virginia in and for the city of Richmond . . . upon their oaths present that James P. Grant, on the 24th day of November, in the year eighteen hundred and sixty-eight . . . in and upon the body of Henry Rives Pollard . . . feloniously, willfully, and of his malice aforethought, did make an assault . . . with a certain double-barreled gun . . . charged with gunpowder and divers leaden missiles commonly called buck-shot . . . shot off to, against, and upon the said . . . Pollard . . . did strike, penetrate, and wound the said . . . Pollard in and upon the right side of the neck and upon the right side of the body of him . . . giving him . . . divers mortal wounds, of which . . . he . . . instantly died. And so the jurors . . . do say that the said James Grant . . . did kill and murder, against the peace and dignity of the Commonwealth of Virginia."

The Defense. Published in *Richmond's Daily Dispatch*, Thursday and Friday., Mar. 4 & 5, 1869: The 8th and 9th days of the trial.

8th: The defense wished to introduce the newspaper article as evidence, arguing: "while . . . Mr. Grant did not kill Mr. Pollard . . . it was thought best to show that even if [he did], he was perfectly justifiable. . . . [H]e would say that he (Pollard) did no less than attack that which every woman holds most dear, and which every man stands ready to defend — female virtue."

9th: Mr. M. Y. McDowell was then called . . . He said: I am a resident of Philadelphia. I . . . am intimately acquainted with Mr. Grant and his family. Mr. Johnson: Will you tell the Court anything you know of Miss Grant's visit to Philadelphia in November last? The Court: What does this have to do with the case?

The Ghost of 1008 East Clay Street. For an absorbing article on the history of the Grant family, written by Bob Willis, see: Robert Grant Willis, "The Ghost of 1008 East Clay Street," *The Richmond Quarterly*, Vol. 9, # 3, Winter 1987 (pp. 32 - 35). In that article, Bob summarized how he learned of the history, writing: "I had heard of the scandal in hushed tones all my life and as

recently as a week ago from my ninety-four-year-old mother who, in a moment of lucidity, quietly cautioned, "We are not supposed to remember that." Bob's rendition is not quite consistent with what can be found in the archives of newspaper articles, but it is much more romantic and interesting.

William H. Grant, Sr. Tobacco Factory

This building still stands on the corner of 19th & Franklin Streets. The architect Samuel Freeman built the factory about 1953. This is one of the properties that Mr. William H. Grant owned at the peak of his career as a tobacconist.

Mrs. Grant Saves the White House of the Confederacy

An interesting side note is that the house that had been the home of Mr. and Mrs. James Henry Grant (James Henry was a prominent brother of William H. Grant) was demolished in 1893 to preserve the White House of the Confederacy. At the time, the Richmond city fathers were intent on tearing down what is now the White House of the Confederacy in order to build Ruffner School. Mrs. Grant, Ann Crenshaw Grant, fought that—even petitioning the governor. Finally, in desperation she made a deal with the city: that they tear down her house and save the White House—which, in 1893, they did). Her house was located on the site just south of the White House and to the North of MCV Hospital (407 N. 12th St.). As a result of her efforts, an organization called the Confederate Memorial Literary Society set up a museum in the old Confederate White House. The Grant family donated a number of Confederate objects that went into the museum.

Sheltering Arms Hospital Period

Sheltering Arms Hospital (originally the Sheltering Arms Free Hospital) was organized



The William H. Grant tobacco factory, built in 1853 and located at 19th and Franklin Streets, Richmond, Virginia

in February 1889 by Rebekah Dulany Peterkin, assisted by ten women from the Richmond Chapter of King's Daughters (the "sewing circle" of St. James' Episcopal Church at Fifth and Marshall Streets). Miss Peterkin died in her 42nd year, just over two years after creating the hospital. The room where our Executive in Residence has his office on the first floor was dedicated in 1912 to her memory.

Rebekah Peterkin and her helpers first acquired the old Clifton House, a boarding house at 107 N. 14th St., between Ross and Franklin, which served them for a few years until they realized more space was needed. In 1894, they acquired the William H. Grant House at 1008 E. Clay Street, and the hospital remained there for 70 years, until 1964. Then, in the early 1960s, they realized that they could no longer function as a charity hospital because Medicare and Medicaid were about to be passed, and so moved to their present location on the Richmond Memorial Hospital campus, at 1311 Palmyra Avenue.

Over the years that it was in the Grant House, the Sheltering Arms Hospital expanded and modified the building. Though the exact dates are not available, it probably was between the 1920s and the 1940s that they added a third floor to the west side of the building and wings to the north, and connected to the Leigh Building on the west. They also converted the back porch to additional interior space on all three

floors; now, the elevator and the rooms to its east and west are located there.

An interesting historical quirk is that a 1953 graduate of the Department's MHA program, Thomas Curtis, lived as a young boy in the hospital. We have a picture on the building's first floor of the 1927 graduating class of the Sheltering Arms School of Nursing, in which he is seen seated near his mother, Natalie J. Curtis. Natalie was an executive of the hospital for a

number of years in the early part of this century, becoming Superintendent in 1922. A year later, her devoted friend, Hazel Hill, became Assistant Superintendent and teacher of nursing students. These two individuals stabilized the hospital during the depression and strengthened it in the growth period that followed.

Among the many doctors who donated their services to the Sheltering Arms Hospital over the years were faculty of the University College



*The Confederate Memorial Literary Society, in the building that Ann Crenshaw Grant helped to save.
Photo: Richmond Times-Dispatch*



Rebekah Peterkin, founder of the Sheltering Arms Free Hospital, 1889. Photo: Valentine Museum, Richmond, Virginia

of Medicine—prominently, Hunter H. McGuire, Jacob Michaux, and Moses D. Hoge, Jr.

The hospital was fortunate in the dedication shown by its Executive and Junior Boards, who for years raised money and donated food, clothing, equipment, etc. in support of this charity hospital. The boards included such prominent individuals as Frances Branch Scott, Mrs. George T. King, Mrs. W. P. Wood, Mrs. Nancy Thalhimer, Mrs. Edward C. Anderson, Mrs. William Frazier, Mrs. S. Marshall Taylor.

An excellent history of the hospital is *Sheltering Arms Hospital, A Centennial History (1889–1989)*, by Anne Rutherford Lower, published in 1989.

Some Remaining Mysteries about the History of the Building

Grant Era

Where are Mary Elizabeth, her husband and her daughter?

Are there any living descendents of William H. and Amanda Grant?

What was the original structure of the house?

Who was the architect of the house?

What happened to the Grant fortune?

Who were the residents of the house after the Grants and before Sheltering Arms?

Sheltering Arms Era

Why was the stained glass window donated? *

What modifications were made to the house and when?

How were the rooms used in each period?

What are other details about the hospital while it was in the Grant House?

* The stained glass window is dedicated to Virginia Waddy Palmer. Her maiden name was Waddey, and she married a W. P. Waddy. After Mr. Waddy's death, she married Judge Palmer of Roanoke. We know that her son, Woodson Pickney Waddy, donated \$1,000 to the hospital in 1913 and asked that a part of those funds go



University College of Medicine: A number of prominent Richmond physicians donated their services to the Sheltering Arms Free Hospital, 1894. Photo: Valentine Museum, Richmond, Virginia

to the purchase of the stained glass window, but we don't know why he donated the money to the hospital, in particular. We know that he also donated windows to St. Stephen's Church on Grove Street and the two lion's head fountains at the Virginia Museum on the outer wall at the entrance. But why did he donate the money and window to Sheltering Arms? It could be that Virginia Waddy Palmer had served on the Board or as a volunteer, but we are not sure. She died in a train crash in Connecticut.



Graduates of the Nurses Training School in 1927

8. International Leadership and Global Relations

As the Department attained national prominence, its international involvement and recognition increased as well. Through educational programs, an international faculty, and projects in partnership with institutions in other countries, the Department has established a presence in global health administration activities.

Ties with International Scholars and Students

The international backgrounds of several faculty members have created a fertile ground for fostering international development. On the current faculty, Drs. Ozcan, Shukla and Wan



Dr. and Mrs. Thomas Wan entertained doctoral students. Left to right, 1st row: Sarah Chen, Lydia Ho, Shu-Feng Wang; 2nd row: Jin Chern, Hubert Chiu, Dr. Wan, Sylvia Wan, Joanna Chiang, C. Wen Pai, Joy Yeh, Jennifer Yeh, and Lih-Wen Mau.

are from, respectively, Turkey, India, and Taiwan. The Department's international orientation has been further strengthened by the experiences of Drs. Dolores Clement and Robert Hurley, each of whom had earlier spent considerable time in other countries. Faculty members have also traveled to other countries. Dr. Roice Luke has been a frequent visitor to Central and South America, and Dr. Louis Rossiter to Europe. Dr. Kenneth White has been to many countries in Asia. Professor Richard O'Hallaron has spent considerable time in England and South Korea. Dr. Charles Breindel developed the continuing education program for health professionals in the Confederation of Independent States (formerly U.S.S.R.), and Dr. Thomas Barker has worked with projects in Central Europe.

International students have enrolled in both undergraduate and graduate (M.H.A. and Ph.D.) programs of the Department. Although most of the international students have entered the doctoral program, in recent years we have seen an increase in international students in the M.H.A. program.

Kate Lim, MHA '98, who is from Malaysia, offered these comments:

With the advent of information technology such as the Internet and e-mail system, it has made communication with the school, professors, my classmates and the other alumni members much easier for me when I am thousands of miles away. I have really learned a lot from the MHA program and I thank all the professors who have taught me. I am indeed proud to graduate from one of the best programs in the nation.

James M. (Mac) Banner, MHA 1975, who works now in Malaysia, remembers his days in Virginia:

Memories of my times at MCV are extremely pleasant. We were extremely fortunate to be led by Dr. Larry Prybil and Mr. "Moon" Mullins during that time and I was particularly lucky to serve as their student research assistant. Dwight Gentry served as our class President in commendable fashion and we all took our turns represent-

ing our Department on the intramural sport's battlefields . . . mostly without distinction . . . except for one glorious basketball game against the faculty where we distinguished ourselves by letting the decrepit old guys (although enhanced by more than one non-department ringer) soundly teach us a real lesson in humility.

Of particular resonance is the recollection of Dr. Heedoe Ahn, of the MHA class of 1976:

It was an evening at the Trailways bus station, there Mr. Norville himself came to meet me, and took me to his home for the first night in Richmond. I was led to the McRae Hall in the following morning, and Room #104 was my home, sharing with Dan Seaverns, my classmate '76. Dan was a great help to follow through the schooling schedule, and company. His kindness and encouragement assisted me in various ways throughout the entire course at the Campus.

During the last decade, the department has brought many international colleagues to VCU as visiting scholars for short- or long-term training (from two weeks to a year). The group comprised Dr. Korkut Ersoy from Baskent University, Turkey—in 1990; from South Korea, Dr. John Shee Juhn Chung—in 1995–1996, and Dr. Whang Kun Ryu—in 1997; Dr. Fulya Sarvan from Akdeniz University, Turkey—in 1995; Dr. Ismet Sahin from Hacettepe University, Turkey—in 1997–1998; Dr. Dilaver Tengilimoglu of Gazi University, Turkey—in 1998; Jeremy Earl Abrahams of Malaysia—in 1998 (Fulbright Scholar), and Dr. James Falk from Brazil—in 1998–1999.

Here is how Dr. John Chung recounts his valuable experience and present goals:

I would like to describe briefly my role as an international scholar and visiting professor in the Department. I think I played an important role in introducing the Korean health care system to students. I enjoyed participating in Dr. Luke's electronic seminars for the MHA students. I served on the dissertation committee for Dr. John Pestian. I was actively associated with Dr. Nixon's echocardiography team (non-invasive) and Dr. Vetrovec's interventional car-

diology team. I joined the monthly scheduled "Down Town Club" for academic activities of cardiologists around the Richmond area. I was a guest speaker at the internal health symposium held by Roanoke College in 1996.

Recently, I've been nominated as an official member of the Board of Directors in the Korean Hospital Association. After returning to Korea, I assumed the CEO position at Andong Presbyterian Hospital and Director of the Cardiac Center. As a clinical professor of cardiology, I have given a series of lectures on health care management for medical students at Kye-Myung University. Since my return from the United States, I've also lectured in Korea and Japan on the recent trends of the U.S. health care system. I have many fond memories of my valuable experiences in Richmond. I would like to continue pursuing the development of strategic alliance with VCU's world class program in health administration. Perhaps we will have

a joint distance learning program developed soon. Lastly, I appreciate very much Dr. Tom Wan's support and guidance over the past years.

Dr. Fulya Sarvan summarizes her experience at the department:

My overall experience during my visit was very fruitful, thanks to the hospitality, conveniences and guidance provided by the department. I met with very nice people, was comfortably accommodated at the MCV/VCU Hospital Hospitality House, enjoyed the history of Richmond and came back to Turkey with some very good ideas to apply to health administration education. I am grateful to everybody involved for providing me with this opportunity.

Similarly, Dr. Ismet Sahin writes:

I feel prestigious that I will take back home many new methodologies that I have learned in the courses I took here, something that I already feel excited about. I also think that the two articles I have prepared for publication during



The faculty of the University of Toronto's Department of Health Administration visiting the Department as part of the University of Toronto's study of the Canadian health care system, May 2, 1994

my visit here will have a very positive impact on my academic career. Most importantly, this whole experience of such a stimulating and rewarding intellectual environment will make a lasting impact on the way I think and live.

As one of the exemplary health care management programs of the country, the Department has hosted many other visiting scholars during their visits to the United States under the auspices of AUPHA. These scholars visited from Central and

South American countries, such as Columbia, Guatemala, and Mexico, as well as from Asia, Europe, and Australia.

In April 1995, the entire faculty of the University of Toronto's Health Administration Department made a site visit here at the Department and learned about our program operations and curricula.

International Projects

The Department has engaged in many international projects. Faculty are highly sought after as consultants in program development and as speakers at international conferences.

Collaboration with Palacky University

A notable project has been in the Czech Republic, where Virginia Commonwealth University and Palacky University have formed a partnership supported by American International Health Care Alliance Inc. (AIHA), a group that is funded by the United States Agency for International Development (USAID). This project brought together a number of professionals not



Dr. Thomas Barker gives a certificate to a management trainee at Palacky University.

only from the Department of Health Administration, but also from other schools and departments across the university, to work with Palacky University and other universities in the Czech Republic. In recognizing the contributions of our faculty, Rector Lubomir Dvorak of the University of Palacky awarded the Pametni Medaili to Drs. Barker, Ozcan, and Wan on October 23, 1997.

Dr. Wan has enumerated the project's accomplishments:

1. *A new curriculum for a graduate program in health services management was designed and submitted to the Czech Ministry of Education in summer, 1997. The Parliament has just passed the law authorizing Palacky University to offer a Master's Degree in Health Administration from its Medical School. According to the old law, the medical school could grant only MDs. Palacky University will offer the master's degree program in health services management for medical and nursing students and other professionals in Fall 1998.*
2. *The partnership has assisted Palacky University in building a bridge between prac-*

- tioners and educators that will ensure a relevant and up-to-date health management education curriculum.
3. Five training workshops on health management were provided to participants, with an introduction to management and leadership assessment tools, human resource management, team building and communications, information management, financial management, and strategic planning.
 4. The delegates of Palacky University met with the American Medical Association, Joint Commission on Accreditation of Healthcare Organizations, Rush University Graduate Program in Health Systems Management, and the American College of Healthcare Executives.
 5. Three two-day video-conferencing sessions were conducted in the first four months of 1998 to continue the academic exchange between the faculties of the two institutions. A two-day nursing conference via video-conference was held September 1998.
 6. A textbook entitled "Analysis and Evaluation of Health Care Systems," by Thomas Wan of VCU, has been translated from English to Czech. This book will be used as a textbook in the new health care management program at PU.
 7. Joint scholarly work has been established and produced several scientific publications.
 8. Support and resources (books, information, syllabi) have been provided to nursing faculty who will participate in the teaching of the Health Administration Master's Program. Faculty has developed three courses for those who wish to have information on Nursing Administration; one course will be required of all students.
 9. Videoconferences: The following three videoconferences have been held with good technical support and quality:
 - a. Videoconference No. 1—The Faculty of the Institute of the Theory & Practice of Nursing, Palacky University invited three nurse leaders to present: The President of the Czech Nurses Association, a representative from the trade union to which many nurses belong, and a nurses' organization developed by an individual to promote nursing in the Czech Republic. About 25 nursing students and nurses from Palacky University and the medical center attended. Following the presentations, plans were discussed for an international nursing conference sponsored by Palacky University, with Lenka Spirudova as the chair.



Visitors from Palacky University, the Czech Republic in 1997. Left to right: Dr. Zdenek Papes, Dr. Thomas Barker, Dr. Ivan Gladkij, Dr. Thomas Wan and Dr. Stanislav Komenda

- b. Videoconference No.2, February 24—At the request of Palacky University, presentations were made by three faculty in Richmond, Virginia: on euthanasia, assisted suicide, hospital ethics committees, and nursing ethics committees. About 50 nurses, nursing faculty and social medicine faculty attended; a great deal of discussion ensued.
- c. Videoconference No. 3, April 24—Focus was on professional organizations and licensure. About 40 nurses representing the Palacky University Medical Center, hospitals in the region and other health care organizations, and faculty and students from the Institute of the Theory and Practice of Nursing attended. Dr. Becky Rice, President of the Virginia Nurses Association, made a presentation on the role of the professional association. Nancy Durette, Executive Director of the Virginia State Board of Nurses, answered questions about licensure for professional nurses. Jennifer Weiss, President of the Student Nurses Association of Virginia Commonwealth University, provided information on their activities. The Presidents of the Czech Nurses Association and the Czech Student Nurses Association and the Director of Post-Graduate Studies for nurses in Brno, Czech Republic presented progress in the Czech Republic.
- d. Following their presentations, faculty from the Institute for the Theory and Practice of Nursing discussed the nursing conference held September 3 and 4, 1998. Discussion also focused on collaborative research.
- e. In the fourth hour, a Telemedicine presentation occurred with four participants on the VCU campus and about 10 at Palacky University. VCU telemedicine at two demonstration sites was demonstrated.

- 10. Two nursing faculty of the Institute for the Theory and Practice of Nurses were inducted into Sigma Theta Tau, Gamma Omega Chapter at Virginia Commonwealth University in recognition of their work for establishing the Institute.

The Department is currently developing an executive program in health administration in South Africa, by partnering with Natal University in Durban. A similar program is being planned with Kaohsiung Medical College in Taiwan.

The International Executive Fellowship in Health Systems Program

Health care companies worldwide are encountering a period of tremendous change and uncertainty as governments struggle with the challenge of ensuring some level of national services. These governments are attempting to reform the financing and overall organization of their nations' health care systems. The ultimate goal of the majority of these reforms is cost containment or cost shifting by governments to other financing sources, such as employers, private insurance, providers, and higher payments by patients. Different forms of managing health care costs are emerging worldwide in response to these factors, and different managerial knowledge and skills will be required for health care delivery systems. Governments and payers should be educated to avoid the pitfalls of component cost management and to focus instead on the overall quality and cost of health care systems.

The Williamson Institute for Health Studies, the research component of the Department of Health Administration, intends to expand its educational mission by developing educational computer technology that can be used for a variety of research and educational endeavors. As part of this mission in 1996, the Williamson Institute, in conjunction with a major pharmaceutical company, developed a distance learn-



A gift to the faculty from the Executive Fellows in Health Systems, in 1997

ing program, The Executive Fellowship in Health Systems. This program prepares global managers with the knowledge and skills needed now and in future markets, and creates innovative strategies for international companies to address the needs of various customers.

The Executive Fellowship in Health Systems is designed with three phases:

1. On campus: Sessions are designed around three modules: Comparative Environmental Context; Economics, Organization, and Management; and Industry Strategy and Market Analysis.

2. Electronic Seminars: Five sessions are conducted via the World Wide Web using readings, issues discussed in class (on campus), and individual country case studies.

3. Final Presentations: The Williamson Institute conducts a final strategic/marketing analysis and plan and assesses the success of using distance learning for international health care executives.

This program has been under the direction of Dr. Thomas Wan. Dr. Ken White managed the program in 1996, and Dr. Karen Swisher managed it in 1997-1998. This program has lasted for three years (1996-1998) and generated approximately \$500,000 to support the department's operating budget. Key instructors



Dr. Yasar Ozcan accepts an award from Lubomir Dvorak of Palacky University (far left) at the Olomouc-Richmond partnership graduation

of this international program are Dr. Roice Luke, Dr. Lou Rossiter, Dr. Dolores Clement, and Dr. Karen Swisher.

The program uses the technology of computerized asynchronous distance learning. The six-month certificate program consists of two (on-campus) sessions and five monthly seminars conducted via the World Wide Web. In the past three years, a total of thirty-three international executives have been participants in the program. They represent a wide range of countries: Australia, Canada, Czech Republic, France, Germany, Israel, Japan, Poland, New Zealand, Malaysia, the Netherlands, South Africa, Hungary, and Taiwan.

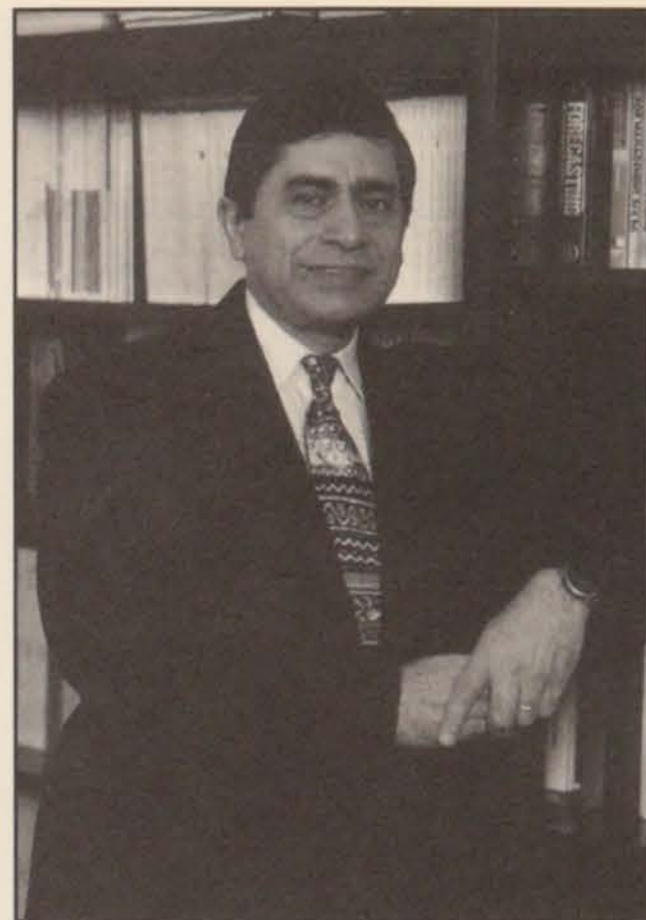
The significant international activities gave rise to a new post in the University, the Office of International Development (OID). Faculty members of the Department of Health Administration have directed OID. Dr. Charles Breindel was the director in 1995-1996, and Dr. Yasar A. Ozcan has been the director since 1997.

Recollections of International Scholars and Alumni of the Department

Following are letters from our visiting international scholars and alumni, who describe their experiences with the department.

Dear Dr. Ozcan:

As a brief introduction, I am currently serving as the CEO of VISTA Malaysia, a division of a start-up Singapore health care company, and living in Kuala Lumpur, Malaysia. Prior to this position I served for five years as CEO of the Subang Jaya Medical Center, located in K.L. and partially owned and managed by Tenet Health Care until they divested their international operations about three years ago. Previous international assignments I've undertaken included a year in London, about five



Yasar Ozcan, Ph.D., Associate Professor and Director of International Development.

years in and out of Saudi Arabia and a little less than a year in Singapore (all with international divisions of either Tenet (then NME) or with HCA).

My "domestic" experience may qualify as "foreign" as well, as I spent one year doing development work for HCA in San Francisco and four years as CEO of an HCA Management Company hospital in Los Angeles. My true domestic experience was gained right after graduation from MCV in 1975 when I worked for my first four years at Roanoke Memorial Hospitals in Roanoke, VA under the tutelage of Mr. "Ham" Flannagan.

Our MCV Class of '75 was a wonderful group of guys and ones I am pleased to have spent a year with. I understand many have now completed their jail terms for some of the activities they were involved in while in Richmond and have gone on to become contributing members of society. . . .

Academically the department prepared us extremely well for the world we all were about to enter. I will say that my capacity (such as it is) to deal with many of the challenges I have



Executive Fellowship in Health Systems, Class of 1996. 1st row: Dr. Ken White, Director; Jean-Guy Cyr, Canada; Dr. Cheryl Watton, South Africa; Mikio Ishizawa, Japan; Lisa Dudley, Program Assistant; 2nd row: Dr. Dolores Clement; Dr. Janet Lynch; Levente Szego, Hungary; Chris Cann, England; Wil Bosch, The Netherlands; Steve Simpson, Australia; Dr. Roice Luke; 3rd row: Jeff Lodge; Ilan Josefsberg, Israel; Erica Fawell, England; Antonio Ballesteros, Spain; 4th row: Dr. Louis Rossiter; Dr. Ullrich Hoffmeyer, England; Karen Krumeich; Chuck Shasky; Dr. Thomas Wan; Dr. Charles Breindel; Dr. Yasar Ozcan.

found in operating hospitals and health care organizations in all parts of the world have been helped considerably by the solid foundation we received while at MCV. A major part of that foundation was received during our residency period. I was again lucky to serve my residency under Mr. John Harlan and Mr. Ed Smith at the University of VA where I also had the pleasure of working with another MCV graduate, Mr. Tom Dandridge, who guided our social development while there on the University grounds.

In closing, I would like to congratulate and thank all who have contributed to creating and maintaining the excellent reputation of the MCV Department of Health Administration. It is a source of pride for all of us to be able to say we graduated from a school which has, through the years, produced outstanding ambassadors to the field of healthcare. The credit for this reputation should be shared by all those who taught

us, those who administratively supported the department, and the many students who have gone on to represent their school in such outstanding ways throughout their careers.

Sincerely yours,
Mac Banner
MHA Class of '75

Dear Dr. Ozcan,

I hope this letter finds you and all the Department are busy and happy. Please accept my sincere appreciation to you for your guidance and assistance provided to Dr. Ryu Whang Kun during the past year while he was with you in Richmond. He now seems back to his work to do's piled up since he left for the U.S. I am going to move my office from Seoul to Pusan, where he is, in the early June, this year as our home office building construction completes by then. There will be more work-to-do's waiting for me.

Please find enclosed few notes that I made . . . recalling the old days in Richmond while I was schooling at the MHA program, there.

I hope this will be suitable for your purposes. If you need some more, please give me a note.

Gratefully yours,
Hee Doe Ahn, Ph.D.
MHA Class of '76



Dr. Hee Doe Ahn, MHA '76, from Korea, talks with Scott Johnson (MHA '99) at the Cardwell Lecture in 1998.

Health Administration - Hospital Administration at that time - I first learned from two missionary hospital administrators from MCV HHA graduates: Mr. Merl Grubbs at Chonju Presbyterian Hospital, Chonju, North Chorado (1963 - 1989), Korea and Mr. Charles W. Wiggs at Wallace Memorial Baptist Hospital in Pusan, Korea (1963 - 1988). They both have begun their services after the Korean War.

I was working as a secretary for three United Methodist missionaries from 1961. The first two of them were church-work related, and the third one, Dr. Robert F. Roth, medical director for Wonju Union Christian Hospital. I joined Dr. Roth in 1968, assisting his medical missionary work and learned about the hospital administration, a worthwhile profession that could serve in its particular way. Dr. Roth is now living in Roanoke, Virginia.

It was after the war, and the economy of the country was so poor that many patients had to choose going back to home without being able to continue health care because of lack of money.

It came to my mind: "If one can manage hospital better and be able to save charity fund/money enough for at least one returning-home patient, it would be worth investing one's career."

Application for a scholarship support to the United Methodist Mission required a TOEFL score 500 to be qualified for application at that time. After twice of failure, I could get 520, and fortunately I was granted the scholarship in May, 1973. The school granted me admission for the class of 1973; however, the long process of passport and U.S. Visa taking several months, I had to request the Department for a postponement to the class of 1974. The department with their generosity, granted of the admission in the fall of 1974, with a condition of TOEFL 550 and credits in statistics and accounting that I did not take courses in due to my undergraduate majoring in public administration.

One thing I do not know until today is how the department decided my admission even without an interview! I am deeply indebted to the fac-

ulty at that time: Dr. Prybil, Chairman, Mr. Norville, my advisor, Mr. Mullins, Dr. MacStravic, Dr. Perlin, Dr. Halloren, Dr. Wiecking, Mr. Jordan, and others not named here. . . .

The first semester was, to me, not knowing where I was going. The most troubling was the language, English. Despite the teachers at the Language school for foreign students at the University of Pennsylvania saying that I would not have significant problem in schooling, it was the most troubling for me. The second was the cultural shock, especially with my student status in the classroom environment. Frankly, there was no room to get home sick with missing wife and children at the opposite side of the earth.

The mid-term test was like a initial judgement trial for guilty or not guilty. One Korean I met said that there were many students from Korea unable to make the school's required scores end up withdrawing from the school and having to move to another school; eventually they become wanderers in the U.S. with loss of student visa. Then he will be too embarrassed to return to the home country. This story made me seriously concerned. To be qualified for an overseas scholar then was an honor, and making family and friends/supporters behind disappointed would be the last thing one could create. I could not return home and face my family if I were in this situation. This pressure was desperate; however, I would like to express my sincere appreciation to Mr. Norville, my advisor, encouraging me, saying, "you only compete with yourself."

When the first semester was over, fortunately without being requested to withdraw from the school, Mr. Norville had a party at his home for his advisees. Mr. and Mrs. Norville made me at home with their sincere kindness. Mr. Norville made me several different drinks that I had not tasted, and believe me, I was bombed, and thus eased most of my accumulated stress during the past first semester in school.

There was one other mindful kindness I

never could forget. Right after the end of the first semester, Rita Berryman, one of our classmates, and her friend took time and gave me a whole-day tour of Williamsburg and Jamestown, visiting her home on the way back to my dormitory in Richmond. This was a special effort, I believe, and I appreciate it so much.

One other person being helpful who should be mentioned was Mrs. Annette Henry, school secretary. Many detailed schooling procedures I was not familiar with were guided by her with her willing kindness.

The result of the first semester gave me confidence. I bought textbooks available at the book-store for the second semester for my preview and preparation. I brought them with me to Dr. Roth's home in Roanoke where I spent the days during the break before the second semester. This effort was worth while for I could read through those books and find some words that are not familiar to me from the dictionary.

The second — summer semester — went with troubles experienced much less than the first semester. So much better was the third semester for me.

The fourth and fifth semester, the administrative residency, was a great experience at St. Mary's Hospital, Richmond. The guidance by Mr. Richard D. O'Hallaron, Executive Vice President as my preceptor, provided me with every possible opportunities of all aspects of administration in a hospital. He took me to most of his meetings where I learned very much of the actual world in the hospital organization. Since I have had many years' previous experience of hospital work, the residency was something like being back at my home hospital in Wonju, Korea. Every one working at St. Mary's treated me as one of their coworkers, and cared for me as one of their families. This relationship has been continued until today, and I visited the hospital many occasions since I was an administrative resident. Their kindness is same as before!

I have tried to stay in touch with the De-

partment continually. I could obtain up-to-date information as well as textbooks/hand-outs, learning materials from the school. This, I have been doing for the last twenty two years since I graduated. Since Dr. Prybil left the Department, I am grateful for their home-giving kindness by succeeding Chairman, and among them I am especially indebted to Dr. Wan for his earnest guidance.

Since I am away from the United States of America, I have enrolled in the ACHA-ACHE membership and I made an effort to attend Congress on Administration at Chicago, several times. Each time is so good, especially because the MCV-HHA alumni meeting is held during the congress session where I could meet many of my old classmates and faculty from Richmond. I am going to try my best to attend the congress as well as the MCV alumni meetings, especially the coming 50th Anniversary of the MHA Program.

I am a pioneer health administration scholar in Korea, equipped with both academic and practice experiences. There are many teaching programs in health administration/management in various levels: junior colleges, undergraduate schools, masters programs and doctorate programs in Korea.

Since my graduation from MCV HHA, I have worked as planning director of Wonju Christian Hospital of Yonsei University until 1986. I assisted the establishment of a healthcare management undergraduate program of Yonsei University in Wonju, and taught students until I left there in 1986. Then I completed a doctorate in public administration at Chongju University with Ph.D. degree. Often I taught undergraduate and masters classes at various schools of health administration/management programs.

I now am working for a group-purchasing company, as vice president of planning and research, with consulting work for our six member hospitals and others.

I am considering a mission work either for

people of the Manchuria area of China, or for North Korea when the county is unified. I am planning to write some books for Korean health administration.

To conclude, I am extremely grateful and proud of my name being included in the MCV HHA alumni roster. The class picture of 1976 with my face in it I believe is still hung on the wall of the Department. I hope the Department would continue to provide schooling opportunities for foreign students as you have provided it with me. I am so grateful for your accepting me and making me to serve in this field with great satisfaction since my MHA at MCV-VCU.

I would appreciate your continued concern and remembrance in the future as you did in the past. I will try keeping in touch with the Department as much as I can.

Please remember me to all the faculty and staff, current and past, especially to Dr. Barker, Dr. Wan, Mr. Norville, Mr. O'Hallaron and all others whom I know.

Hee Doe Ahn, Ph.D. MHA '76

Dr. Ozcan,

I came to the MHA program in August '95 with a desire to learn more about the health care system and how to manage it. My previous healthcare experience as a Medical Technologist has exposed me to some of the intricacies of the system. It can be said to be more complex than the ones that I have been exposed to in Malaysia and Singapore. I was born in Malaysia and went to school in Singapore since the age of 13. The public health care system in these two Asian countries is modeled after the British system, where every citizen has access to basic care. In addition, there is also a private practice system that is similar to the American health care system. Health care policies and access to care had never crossed my mind when I first started the program. My first impression of the American health care system was the capabilities of

the hospitals to have the best technology, the best physicians and the best facilities in the world. As I learned more from the professors in this program on Managed Care, Economics of Health Care, Operational Issues and other components that make this whole system work, I began to see a bigger picture.

Through the guidance of professors in the MHA program, coupled with my practical experience that I gained from my residency site at Williamsburg Community Hospital, I hope to bring back all the knowledge and apply it to the health care system in Malaysia. . . .

Kate Lim, MHA '98

Dear Professor Ozcan:

I was delighted to learn that your Department of Health Administration will be celebrating its 50th anniversary next year. I am sure that its history is full of unforgettable achievements and events and we will be looking forward to reading the full story. Being a very brief part of this history for about three weeks in January 1995 as a visiting scholar, I would like to make a small contribution to this meaningful endeavor. Reaching Richmond after the New Year's Day vacation on 2nd January 1995, I and my husband accompanying me had three weeks of really enjoying and enlightening experience at the VCU Department of Health Administration.

That date was the beginning of a pretty busy period of the department and I had the chance to experience many different facets of the life in Richmond. I was very lucky to be introduced to the department by Dr. Yasar Ozcan, with whom I had had the chance to collaborate in Istanbul, Turkey in meaningful projects for enhancing the graduate studies and more particularly the career in health administration. Dr. Ozcan had carefully planned for our accommodation and orientation in Richmond, and promptly brought a wise solution to any request from us and acted as a caring friend at all times.

It was really a pleasure for me to meet Dr.

Wan, Chair of Department, and most of the faculty personally. I really learned a great deal from my personal meetings with Dr. Wan, Dr. Begun, Dr. Breindel, Dr. Clement, Mr. Gross, Dr. Karau and Dr. Shukla. Besides the faculty I also had the chance to meet with some directors of the MCVH, like Ms. Baldwin, Mr. Bodin and Ms. Garland. They all provided me with resourceful information about the administration of the hospital.

During my visit, I was able to follow the classes of various courses, had the chance to listen to a presentation by Dr. W. Allen Schaffer, M.D., F.A.C.P., on "managed care," participated in a faculty meeting and a staff seminar, and was invited to a presentation and dinner organized by the Williamson Institute for Health Studies at the James Center. The speaker was William M. Moss, FACHE, president of Potomac Hospital, and he made a speech on "Navigating for Excellence in Times of Change."

... I am grateful to everybody involved for providing me with this opportunity.

Fulya Sarvan, Ph.D.

Professor and Chair

Department of Business Administration

School of Economics and

Administrative Sciences

Akdeniz University

Antalya

TURKEY

Dear Dr. Wan,

It is time to bid farewell to the Department of Health Administration at which I have been a visiting scholar since last fall. I am positive that the experience I have gained during the time I have spent here has really helped me see first-hand the scientific process as practiced in the States, and reinforced my own attitude of approaching matters from a global and analytical perspective. During the time that I have been doing research and taking classes pertinent to my professional orientation, I have had

the privilege of being part of a liberal intellectual environment with easy and fast access to information which I have tried to benefit from maximally.

I would like to extend my sincere thanks first and foremost to Dr. Ozcan who has facilitated my visit here in the first place, greatly helped me get acquainted, and played a crucial role in forming my professional orientation, and then to you and all the faculty and administrative staff for making this a wholly rewarding experience. Based on my observations, I can definitely attest to your department's vast theoretical and methodological knowledge base and experience, which evidently points to the fact that its position among the most elite programs in the U.S. is not coincidental.

You have immensely promoted my scientific and professional development by providing me an office and granting unlimited access to many of the facilities including xerox and fax machines and the Internet, and by allowing me to audit courses of my choice. I am also grateful for having the opportunity to attend the annual INFORMS'97 meeting in Dallas, and the AHRS'98 meeting in Washington, D.C. I feel prestigious that I will take back home many new methodologies that I have learned in the courses I took here, something that I already feel excited about. I also think that the two articles I have prepared for publication during my visit here will have a very positive impact on my academic career. Most importantly, this whole experience of such a stimulating and rewarding intellectual environment will make a lasting impact on the way I think and live.

I would like to affirm that I would happily fulfill my share of the efforts for the further improvement of the collaboration and the sharing of scientific knowledge between your department and mine, the largest one of Turkey's health administration departments. I hope that the personal ties and dialog we have established will also generalize at an institutional level, and would like to extend my best wishes to all of

you in your future endeavors, and congratulate your department's 50th anniversary.

Ismet Sahin, Ph.D.

Assistant Professor

Hacettepe University

School of Health Administration

Ankara, Turkey

Dear Dr. Wan,

From January to July 1998 I studied as a post-doctoral Fellow in your department and I am very happy to have gained the professional experience. It was a chance for me to work in a department that has high education quality. I felt myself in my home country with the assistance of the faculty, administrative and technical staff of the department during my studies. I prepared some scientific articles during the six months with the help and knowledge from the masters and doctoral classes, which I attended.

I appreciate you and the faculty (Dr. Ozcan, Dr. Rossiter, Dr. Ken White, Dr. Swisher) for their help. Also I used the facilities of the department and the University Library.

I am grateful to Dr. Yasar Ozcan, Director of the International Development Center, and you for your kind help in providing the acceptance to the department and also their support to attend scientific activities (classes, seminars, and panels). I also would like to extend my thanks to Susan D. Roggenkamp, Fred Ford, Brandy Knapp, Mitch Harris, Carroll George, Jeff Lodge and Ryan T. White for their gracious help. I hope this visit of mine will be just a beginning between VCU and Gazi University.

Sincerely yours,

Dilaver Tengilimoglu, Ph.D.

Associate Professor

Gazi University

Ankara, Turkey

9. Alumni Accomplishments, Contributions and Relationship with the Department

Robert S. Hudgens Memorial Award

History and Purpose

The Robert S. Hudgens Memorial Award recognizes outstanding leadership by young, yet already accomplished health care executives throughout the United States. It is presented annually by the American College of Healthcare Executives (ACHE) to individuals under the age of forty who serve as chief executive officers or chief operating officers in health care organizations. The selection process is extremely competitive. It is considered a great honor to be nominated for the award.

The Medical College of Virginia (MCV) established the award in 1969, as a tribute to the late Robert S. Hudgens, FACHE. It has been administered each year since its inception by ACHE. Nominations are solicited from ACHE regents, state hospital association directors and graduate school directors. Honorees are then selected by a Hudgens Award committee comprising six ACHE fellows and a representative from VCU. The awards are given each February or March during the ACHE Congress on Administration in Chicago.

Robert S. Hudgens, who died in 1966, was well known as a leader in the field of health care administration and as a developer of young

executive talent. A native of Shelbyville, Tennessee, he received bachelor and master's degrees from Emory University. He began his career at Emory University Hospital as Assistant Superintendent, in 1929. In the mid-1940s, he moved to MCV as the director of its hospital division. Later he moved to Lynchburg, Virginia, where he became the administrator of the city's hospital authority and of Lynchburg General Hospital. In 1957, he returned to MCV as Arthur Graham Glasgow Professor and Director of the School of Hospital Administration, a position he held until his death.

Mr. Hudgens served the profession in a variety of roles throughout his career. A past president of the Virginia Hospital Association, he also served as a trustee of the American Hospital Association. He became a College Fellow in 1947 and supported the organization in a number of official and unofficial roles for many years.

To memorialize Mr. Hudgens, the Alumni Association of the Graduate Program in Health Services Administration of MCV sought to honor him as a skilled teacher who devoted much of his life to the education of young health care administrators. The result was MCV's endowment of the Robert S. Hudgens Memorial Awards, recognizing the "Young Health Care Executive of the Year." Among thirty recipients, six are our MHA graduates.

Past Recipients of the Robert S. Hudgens Memorial Award, 1969-1999

1969	Donald C. Wegmiller
1971	N. Lewis St. Clair *
1972	Robert L. Montgomery
1973	Gail L. Warden
1974	G. Edwin Howe
1975	F. Kenneth Ackerman, Jr.
1976	Paul B. Hoffman
1977	James L. Farley *
1978	Joseph Michael Garvin, Jr.
1979	Lloyd L. Cannedy
1980	Glen T. Randolph
1981	John T. Casey
1982	Myles P. Lash
1983	Jan R. Jennings
1984	David L. Bernd *
1985	David J. Fine
1986	Mark E. Celmer
1987	R. Timothy Stack *
1988	Mark R. Neaman
1989	John B. Grotting
1990	Denise R. Williams*
1991	Michael D. Connelly
1992	Mark A. Wallace
1993	Kevin E. Lofton
1994	William F. Groneman
1995	Stephen McCary *
1996	Kenneth A. Samet
1997	Sue G. Brody
1998	Lee H. Perlman
1999	Rulon F. Stacey

*Denotes an MCV/VCU graduate

MCV/VCU Hudgens Honorees' Comments

"I greatly value my 35-plus years of association with this outstanding program. It continues to be a cut above in preparing graduates for successful careers in the ever expanding business of health care." – Lewis St. Clair, President of Riverside Health System

"The friendship, warmth and collegiality among VCU/MCV alumni is special and immediately evident during meetings and get-togethers. They conduct themselves in a most professional and businesslike manner, and I continue to be pleased and proud of them. These characteristics do more than project a good image – they are testimony to the program's high quality and standards of excellence." – James

L. Farley, President of Nursing Care Management of America

"VCU/MCV graduates are very employable because the MHA curriculum relates to the real business world and has a strong network of residencies. Most graduates, in fact, are employed before the end of their residency programs." – David L. Bernd, President/CEO of Sentara Health System

"These MHA graduates are well prepared for both the science and art of management careers in health care services. When they enter the field they are quickly able to make a contribution to their organizations." – Tim Stack, President/CEO of Borgess Health Alliance

"When I applied to graduate programs in hospital administration, I wondered about the opportunities for me in a field that has been

made up predominantly of white males. But my matriculation at VCU/MCV fully prepared me for the academic challenge, and I've fared better than average in obtaining progressively more responsible positions." – Denise R. Williams, President/CEO of Memorial Hospital of Salem County

"Graduates of VCU are solidly prepared to begin their healthcare management careers through an excellent mixture of didactic training and residency experience. Upon graduation the Alumni Association remains a vital link for educational and professional opportunities. All this occurs in Richmond, Virginia, with its dynamic health care marketplace providing real time case discussions for VCU students." – Steve McCary, President/CEO of Stevens Healthcare

Alumni Who Have Received the Robert Hudgens Award



*N. Lewis St. Clair
(MHA '61)*



*James Farley
(MHA '67)*



*David Bernd
(MHA '71)*



*Tim Stack
(MHA '77)*



*Denise Williams
(MHA '77)*



*Stephen McCary
(MHA '85)*

The Cardwell Society

In 1985, the Department of Health Administration established the Cardwell Society honoring Charles P. Cardwell, Jr., the founding director of the graduate program. The Society serves as an alumni association for our graduates. Because the VCU policy does not allow the collection of annual membership fees from alumni, some of them do contribute to the annual fund that has supported the alumni activities of the Department. Alumni who have served as President of the alumni association are listed below:

Stanley F. Gumerlock, Jr.	1954-55
John C. Hess	1955-56
Hunter A. Grumbles	1956-57
William R. Reid	1957-58
Joseph H. James, Jr.	1958-59
Barrington W. Kinnaird	1959-60
Nathan Bushnell, III	1960-61
David G. Williamson, Jr.	1961-62
Paul Flanagan	1962-63
Curtis A. Clayton	1963-64
Carl S. Napps	1964-65
James I. Sublett	1965-66
Kenneth H. Axtell	1966-67
Robert A. Cramer	1967-68
John H. Tobin	1968-69
Gerald W. DeHaven	1969-70
James E. Dalton	1970-71
John F. Harlan, Jr.	1971-72
C. Robert Peery	1972-73
L. Amos Tinnell	1973-74
William H. Green, Jr.	1974-75
Thomas G. Whedbee, Jr.	1975-76
Lester L. Lamb	1976-77
Edward A. Smith, Jr.	1977-78
John N. Simpson	1978-79
Lana L. Waite	1979-80
Paul N. Bridge	1980-81
Donald M. Wechsler	1981-82
Gerald R. Brink	1982-83
T. Carter Melton, Jr.	1983-84
David L. Bernd	1984-85

Stephen H. Montgomery	1985-86
Wickliffe S. Lyne	1986-87
William Moss	1987-88
M. Caroline Martin	1988-89
William A. Adams	1989-90
Ernest Bacon	1990-91
Brian Gooch	1991-92
Tim Stack	1992-93
Christopher M. Dadlez	1993-94
Bryan S. Brand	1994-95
Stephen C. McCary	1995-96
John A. Smalley	1996-97
Charles H. Keaton	1997-98
Jeffrey S. Holland	1998-99
John DiNardi, III	1999-2000

The alumni newsletter was named the *Cardwell Comments* in 1991. The *Cardwell Comments* reports on current academic events, faculty accomplishments, and alumni affairs. Currently, Dr. Louis Rossiter is the editor and Beverly DeShazo is the co-editor of the newsletter. The Department requests its alumni's contributions through the annual fundraising drive. About 8 to 10 percent of our 2,000 alumni contribute annually to the annual fund. Those who have generously contributed to the annual fund are always recognized in the newsletters. Alumni funds are used for printing and mailing the *Cardwell Comments*, disbursing expenses related to the annual reception for alumni at the ACHE meeting, and supporting several MHA students for attending the ACHE annual conference.

The Alumni Executive Committee

The alumni established the alumni association in 1954. The leadership of the Alumni Executive Committee consists of president, president-elect, secretary, treasurer, and members-at-large. The officers serve on the committee for one year and are selected by the committee members. The committee's functions include: 1) nominating and selecting the officers, 2) structuring the meeting agenda, 3) setting

**Alumni Who Recently Have Served as
President of the Alumni Executive Committee**



Tim Stack
(1992-1993)



Christopher Dadlez
(1993-1994)



Bryan Brand
(1994-1995)



Stephen McCary
(1995-1996)



John Smalley
(1996-1997)



Charley Keaton
(1997-1998)



Jeff Holland
(1998-1999)



The Alumni Executive Committee meeting chaired by Charles Keaton in 1996. Left to right: Warren Brennan, Dr. Thomas Wan, Dr. Janet Lynch, Charles Keaton, John DiNardi, Jeff Holland, and Dr. Louis Rossiter.

fundraising goals, 4) organizing alumni activities, and 5) guiding the Department's educational program developments. The Chair prepares a report and submits it to the committee for review at the annual executive committee meeting. The Department is very appreciative of its alumni who have served on the alumni executive committees.

Fundraising. Fundraising is considered one of the major functions of the committee. Careful assessment of the present Department needs reveals that the current fundraising goals are one million dollars for the endowment fund of student scholarships, \$300,000 for upgrading distance learning technologies, \$150,000 for supporting MHA students to attend ACHE meetings, and \$150,000 for faculty development and promotion activities. James Dalton (MHA'66) and Dr. Charles Ewell (MHA'64) serve as Co-Chairs for the campaign. Steve Harvey, Director of External Affairs of the School of Allied Health Professions, and Rich-

ard Kraus (MHA'64) coordinate the campaign activities.

Alumni Stars Honored at Founder's Day at VCU

Three of the Department's alumni have been selected as alumni stars. They are Paul Gross, in 1989; Denise Williams, in 1992; David Singley, Jr., in 1995; and Richard Kraus, in 1997. Their contributions to the Department were appreciatively acknowledged by the University.

The Cardwell Lecture Series

In 1973, the Health Administration Alumni Association created the Charles P. Cardwell, Jr. Lecture series. The lecture, featuring a keynote speaker recognized for his or her work in health care, is held each year during the National Congress on Administration of the American College of Healthcare Executives.



Regional visit with alumni in Roanoke, Virginia. Left to right, 1st row: Dr. Thomas Wan, Ham Flannagan, Paul Bridge, Bill Reid, Ken Waddel, James Sublett; 2nd row: Richard Kraus, Thompson Hanes, James Edwards, Hunter Grumbles, I.B. Heimann, and Dr. Cecil Drain (Dean of the School of Allied Health Professions)



Class reunion of MHA '64 in 1994. Left to right, 1st row: Mrs. Paul Gross, Mrs. Franklin Bacon, Dr. Dolores Clement, Mrs. Ed Smith; 2nd row: Dr. Franklin Bacon, Paul Gross, Mrs. Alvin Topham, Dr. Jan Clement, Dr. Ben Cullen; 3rd row: Dr. Charles Ewell, Donald Good, Alvin Topham, Ed Smith, Richard Kraus; 4th row: Tom Jordan, Dr. Thomas Wan, Professor Richard O'Hallaron, Dr. Roice Luke, and Jack Van Brackle.

Charles P. Cardwell, Jr.

The lecture series honors Charles P. Cardwell, Jr, who was instrumental in the formation of the School of Hospital Administration at the Medical College of Virginia (1949). Mr. Cardwell, who joined the MCV staff in 1940, was appointed Director of the Hospital Division in 1947, and Professor from the school's founding until his retirement in 1967. Mr. Cardwell was awarded MCV's first and only honorary doctorate in hospital administration, and after he retired he was designated Professor Emeritus. He also served as MCV's Vice-President for Development and Community Relations during the last two years of his professional career.

Charles Cardwell was a Fellow in the American College of Hospital Executives and a trustee of the American Hospital Association. He received numerous awards during his distinguished career,

including the ACHE's Gold Medal Award and the AHA's Distinguished Service Award.

Charles Cardwell died July 9, 1977 at his home in Northumberland County, Virginia.



David Singley, Jr. (MHA '85), Alumni star in 1995, at right with Dr. Eugene Trani, President of Virginia Commonwealth University

Cardwell Lecture by Percy Wootton, M.D.

In 1998, the Cardwell Lecture's speaker was Percy Wootton, M.D., President of the American Medical Association, who is a graduate of the Medical College of Virginia and practices in Richmond. The text of his useful remarks, reviewing the values of health care in the past and the challenges now facing that profession, is offered here.

Making A Life By What You Give—the Twenty-sixth Annual Charles P. Cardwell, Jr. Lecture by Percy Wootton, M.D., President of the American Medical Association. Given Tuesday, March 3, 1998 at the annual meeting of the Alumni Association of the Department of Health Administration at the 95th Restaurant, The John Hancock Center, Chicago, Illinois.

Good evening. It is a great personal honor for me to be asked to deliver the Twenty-Sixth Annual Charles P. Cardwell, Jr. Memorial Lecture. On behalf of the AMA and our 300,000

member physicians and medical students, I thank you for this kind invitation.

Charles Cardwell was hospital administrator back when I was a student at the Medical College of Virginia. I remember him well. As a matter of fact, I also know his son, Charles P. Cardwell, who today is a physician back where I practice in Richmond, Virginia. While the senior Mr. Cardwell, as you know, pioneered the professional program in health care administration at the Medical College of Virginia, laying the firm foundation for what makes the program the success it is today. As the first graduate of the Medical College of Virginia to become president of the American Medical Association, I take pride in my heritage. Especially as it includes such accomplished Virginians as Mr. Cardwell.

Of course, when you're talking about accomplished Virginians, one person immediately comes to mind. My personal hero and favorite Virginian, Mr. Thomas Jefferson. Mr. Jefferson said it right when he said: "You may promise yourself everything, but without health—there



Dr. Percy Wootton, President of the American Medical Association, gave the Cardwell Lecture on March 3, 1998. Left to right: Dr. Thomas Wan, Jeff Holland, Dr. Percy Wootton, Charles Keaton, and Dean Cecil Drain.

is no happiness. Attention to health, then, should take the place of every other object." I am sure that's something you all can agree with. And that is the reason I want to talk to you tonight about the health of American medicine and the health of our society at large.

My own involvement with health care goes back to my earliest memories. I was quite young when I first knew I wanted to be a physician. As some of you know, I grew up on a dairy farm, near Burkeville, Virginia. I guess growing up on my father's dairy farm gave me some perspective of what it is like to be on call. Those cows have to be milked no matter how cold it is outside or how you feel or what else is on your mind. But it didn't teach me much about what it means to be a physician. That I learned later.

Actually, the best teacher I've had along the way has been my wife, Jane. Jane is a physician, also—and comes from a family of physicians. Her medical roots reach all the way back to her great, great grandfather, Phillip Pendleton, who was a country doctor outside Richmond in the early 1800s. Jane and I have worked together to turn Grandfather Pendleton's little medical office into a museum. A museum where local school children come to see the old instruments and tools of the medical profession. It stands by the side of the road in the small village of Cuckoo near the old family home in Virginia halfway between Charlottesville and Richmond. I like thinking about Cuckoo and old Dr. Pendleton. It brings me back to a simpler time. A time when patients really knew their physicians. And physicians really knew their patients. And both faced fewer obstacles on the road to wellness.

Granted, the cures and technology back then do not match today's advances—but what a joy it must have been to be able to care for patients without all the marketplace challenges we face today. Thinking about Grandfather Pendleton's office reminds me of what is really important in my profession—and why I chose to become a doctor in the first place. Because

when I think of his office—what I think about most—are the two chairs that sit in it. Two chairs—one for the patient and one for the physician. Today, just like 200 years ago, it is from these chairs that we counsel our patients and that our patients confide in us. And nothing is more important today than what unfolds between physician and patient in similar chairs—in offices, clinics, and hospitals—all across this country each and every day. Because it is in these chairs that the sacred patient-physician relationship begins, and grows and becomes rooted as if we are family.

Nothing, to me, is more important.

In fact, I view the patient-physician relationship as a covenant—a sacred trust between the medical profession and society that must never be breached—and never be broken. Protecting that covenant has been my top priority as president of the American Medical Association—keeping this relationship strong and keeping the dialogue open with our patients. Hearing what they say, and what each individual patient truly needs from his or her health care coverage.

Because one size does not fit all when it comes to our health care marketplace. That's why the AMA has been working to give patients and physicians a voice and a choice in our health system. And that's why, for more than 12 years, the AMA has been working on a plan to rethink Medicare and to preserve its promise for future generations. We all know that it is no longer enough just to apply Band-Aids to the system. Medicare needs a full-scale transformation if it is to remain solvent and successful for seniors in the 21st Century. And as physicians—those who, with our patients, know the program best—we are adding our voice and our patients' call for choice to this challenge of strengthening Medicare. We are pleased that last year's Balanced Budget Act supports the notion of choice—through the Medicare-Plus-Choice option which gives seniors access to various delivery systems and financing mecha-

nisms for Medicare coverage.

However, there is much more to be done. As you know, Medicare's hospital Trust Fund is now predicted to go bankrupt some time after the turn of the century. That is why we are concerned with President Clinton's recent efforts to increase access to health insurance and to close the gap in coverage caused by those taking early retirement. We applaud his intentions. But at the same time, we believe that a program already traumatized by excessive bureaucracy and price controls must do more to serve existing beneficiaries before throwing its doors open to others. The President's proposal is still preliminary, but we are concerned about the potential negative impact that adding new patients to the program might have—and we will be monitoring this issue closely in the coming months.

Just as we're carefully monitoring the plan to carve out the costs of graduate medical education from the Medicare program. The AMA proposes that the costs be spread among all the entities that pay for health care, not just Medicare. We believe that anything less may jeopardize the finest system of medicine and training in the world.

But the good news is this: Congress has already established a Bipartisan Commission on the Future of Medicare to ensure that Medicare is there for this—and every—future generation. We are pleased that two physicians serve on the Commission—Senator William Frist of Tennessee and Congressman Greg Ganske of Iowa. And we hope that before acting, the Commission will carefully consider this new proposal to lower the age of eligibility—along with beneficial AMA ideas like defined contributions, greater patient choice, and an all-payor system for medical education—in the light of Medicare's long-term prognosis.

Because, as we've said all along, we must "protect Medicare for our parents, and save it for our kids." And we must fix Medicare not just for the short-term—but for the long-term as well. I often speak to groups about this po-

litical side of the AMA—and there's plenty to tell, as you can see. Medicare, physician accountability, and key questions of quality and patient protection.

But beyond the Beltway, and often without the close scrutiny of the media, we also take care of America's patients in many different ways each and every day. For instance, the AMA's involvement with the American Bar Association—to direct a national coalition to help families, communities and institutions fight the terrible plague of substance abuse. Early this year, I spoke to the leadership of this coalition—which brings together doctors, lawyers, teachers, psychologists, state and local lawmakers, social workers, labor unions and local chambers of commerce—people whose work touches just about every man, woman, and child in America. In the same way that substance abuse touches virtually every person we know, individually or through their family and friends. Because substance abuse is one of those rare diseases to which no one is immune. But at the same time, it is one of those rare diseases in which everyone can be part of the healing, everyone can be part of the recovery, and most certainly, everyone can be part of preventing the disease from taking hold in the first place.

That is what the National Coalition on Substance Abuse is all about. Their work is just beginning and the job ahead is pretty formidable. But the secret to its success will be that it takes a grassroots approach to the problem. Involving people in their communities, not just preaching from a national pulpit. And reaching them one on one, just as we physicians do from those two chairs I told you about. For physicians, this kind of giving back to our communities is an essential part of our professional code of ethics. Or, as it is written in the AMA's Code of Medical Ethics: "A physician shall recognize a responsibility to participate in activities contributing to an improved community." Certainly, this is true for medicine. It has been a major priority of my presidency, and a guiding principle of my

life. But I believe it is also true for every profession. Yes, I know there are times when we all feel stretched to our limits already, but in today's world the need for personal contributions to our communities has never been greater. Of course, I know that—in many ways—I am preaching to the choir, telling this to the distinguished alumni of Virginia Commonwealth University who are here this evening. Poet Robert Frost wrote, "The world is full of

willing people—some willing to work and the rest willing to let them." Just the fact that you showed up here tonight, and at the Annual Meeting of the American College of Healthcare Executives—tells me which group you belong to.

But even if we're already doing our fair share, we can still do more. We can reach out to others, especially young students and colleagues, and encourage their participation as well. In fact, as an alumni association, it's some of the most important work we can do. And I know the impact such efforts can have—because that's how I got involved in community service myself.

As a fourth-year medical student at the Medical College of Virginia, I was ready to graduate—that's what my thoughts were focused on. But then a physician by the name of Dr. James Hagood came to speak to my class. Dr. Hagood was a Virginia State Senator and president of the Medical Society of Virginia—another busy man. But still he somehow found time to reach out to my classmates and me. In this talk, Dr. Hagood drove home the importance of giving back from the abundance that has been given to us. And we, as Americans and as graduates of the Medical College of Virginia/Virginia Commonwealth University—we have been given a great deal. I took Dr. Hagood's words



Jim Dalton greeting Bob Fraraccio and Yvonne Burdick at the Cardwell Lecture

to heart that day—and I have carried them with me ever since.

As I have traveled the country on behalf of the AMA—I have seen many opportunities to answer the call. And many communities where a greater contribution is needed. While my role as the president of the AMA gives me a national platform, I have seen first-hand the importance of giving back. Whether it is mentoring, serving on the Board of Visitors for Virginia Commonwealth University or working as a volunteer for the Virginia Heart Association. . . . It is the community roles I play back home in Virginia that give me rooted strength. And I hope it is a path you will choose to follow too.

Winston Churchill once said, "You make a living by what you get but you make a life by what you give." Yes, as professionals, many of us are so fortunate as to make a good living. But I believe our greatest fortune lies in being able to make a good life for those our work touches. Working together, we can not only do the hard work of our chosen professions, but the necessary work in our neighborhoods and communities. And above all, we can build a better future for all those who depend upon us and sustain us:

Our families . . .

Our patient, students, and employees . . .

And our communities.

And that way we make our nation stronger, one contribution at a time.

Thank you for being here tonight. And for all the good—and good works—it is in your power to do.

The Golden Anniversary Advisory Council

In 1994 thirty of our alumni leaders met in Kingsmill (Williamsburg), Virginia to discuss the planning activities for celebrating the Department's 50th anniversary in 1999. Bill Reid and Caroline Martin were elected as co-chairs of the Council. We were pleased with the alumni input and their support. The Council endorsed the publication of a history book. A subcommittee for Scholarship Funds was also established. Several regional visits to our alumni in Virginia were made in 1996–1997.

In early 1998, Dr. Wan convened a small group of alumni to complete the planning for celebrating the Golden Anniversary. With the consent of Bill Reid and Caroline Martin (Co-Chairs of the Council), an ad hoc planning committee was structured. Karen Cameron (MHA'87) serves as Chair of the Planning Committee. Committee members include: Ken Axtell (MHA'61), E. L. Derring (MHA'58),

Steve Harvey, Richard Kraus (MHA'64), Jerry Norville, Ed Smith (MHA'64), and Dr. Thomas Wan. The major celebrating activities include:

Thursday, April 22, 1999

Registration

Friday, April 23, 1999

Golf, Tennis, Campus Tours,
Reception/Cocktail Party
aboard the Annabell Lee

Saturday, April 24, 1999

Educational Sessions, Campus Tours,
Gala Dinner/Dance at the Hyatt
7:00 p.m. - 12:00 Midnight

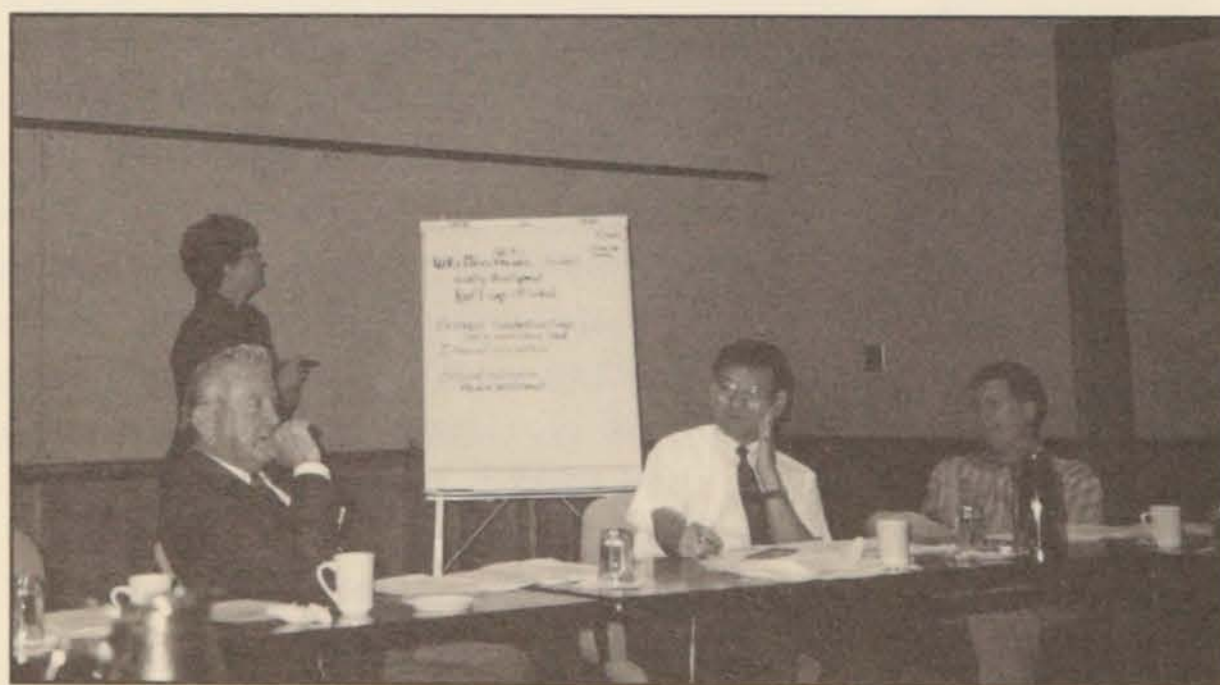
Sunday, April 25, 1999

Reunion Brunch, 8:00 a.m. - 10:00 a.m.

Alumni and Corporate Financial Support

During the 1980s, alumni, friends, and faculty contributions to the New Ventures Fund for renovating the Grant House totaled about one million dollars. David G. Williamson, Jr., and Paul Gross were the co-chairs for the New Venture campaign. James Dunn, Director of External Affairs for Dean Barker, served as a campaign coordinator. His dedication and effort in this important event has been well recognized by alumni and faculty.

Further efforts were made to generate corporate financial support in 1992, after the Department was moved to the new home, the William H. Grant House. Our alumni leaders were successful in soliciting matching contributions from their corporate offices to furnish several rooms in the Grant House. In recognizing their contributions, special plaques were placed in the following rooms in the Grant House: 1) the Paul Gross Computer Room,



The Golden Anniversary Advisory Council meets. Left to right: Caroline Martin, Bill Reid (Co-chairs), Dr. Thomas Wan, and David Singley, Jr.

2) the Gail and Paul Gross Library, 3) the Riverside Health System Classroom, 4) the Richmond Memorial Hospital's Student Lounge, 5) the Executive in Residence Room, and 6) the Carilion Health System's Faculty Conference Room.

We are also grateful that Gail and Paul Gross have donated a large amount (approximately \$500,000) of personal funds and his salary contributions as the Executive in Residence to complete the Paul Gross Conference Center located in the Alumni House, next to the Grant House. The Center was dedicated and officially opened in February, 1998.

The Executive in Residence

Many alumni as well as other health care executives have been invited to give class lectures and seminars. However, in order to strengthen the link between academia and the field of health management practice, the Executive in Residence program was established in August 1992. The Department has been very honored to have Paul Gross (MHA '64), retired President of the Humana Hospital Division,

serve as the first Executive in Residence, in 1992-1995. Paul retired from VCU in 1995 and received a special service award during that year's May graduation ceremony. Richard Kraus (MHA '64), former CEO of the Chippenham Medical Center, who is now Executive in Residence, was then selected to serve in the position. He has been a lively and collegial presence in the Department since 1996. Each of these distinguished alumni has contributed a memoir of the experience as Executive in Residence.

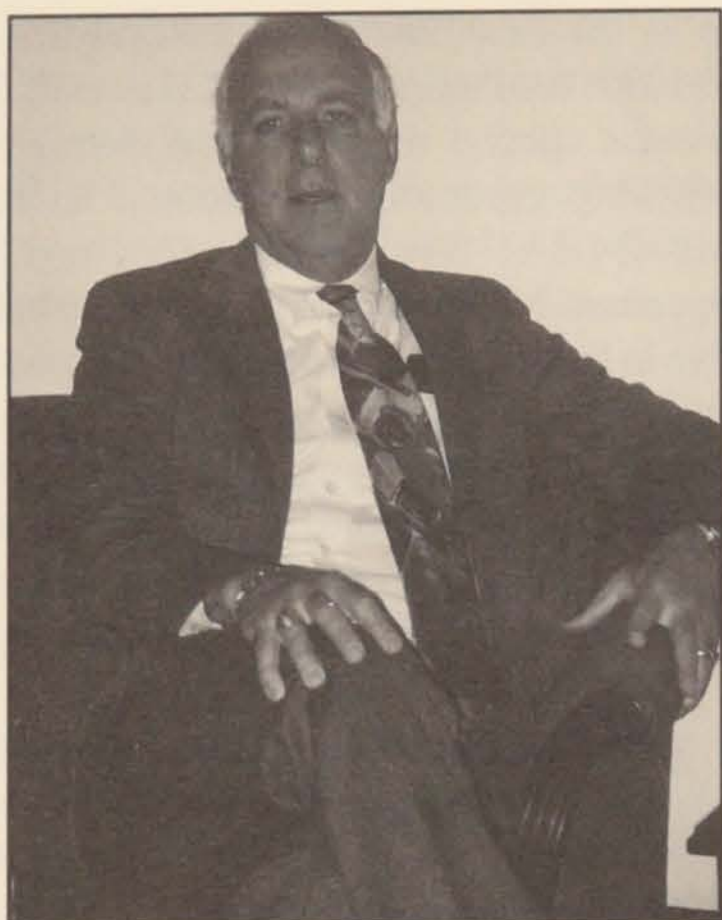
Memoir by Paul A. Gross, for 1992-1995

Arriving in Academia

The fact that there had never been an endeavor integrating faculty, students, alumni, curriculum and the university family made the structure and mode of introduction for the undertaking highly sensitive. The process of bringing in a nonacademic clinician from the field who was a practical health care executive, and



The Planning Committee for Celebrating the Golden Anniversary. Left to right, 1st row: Richard Kraus, Karen Cameron (Chair), Brenda Fogg, Jerry Norville; 2nd row: Steve Harvey, E. L. Derring, Ed Smith, Ken Axtell, and Dr. Thomas Wan



Paul Gross (MHA '64), the first Executive in Residence, 1992-1995

integrating that individual with the full-time faculty had to be worked through gently, with careful attention to the chemistry and compatibility with the faculty, the Chair, and the students.

The selection and appointment process made readily apparent the vast differences between the presentations, approach, and delivery styles of an outside executive and those of an academic faculty. The members of the Department sought an academic delivery during the screening and expected the executive to construct a syllabus, choose a text, and present the exact design of a course. The executive, meanwhile, struggled to identify what might be the unique contributions of greatest value to the students, and how to deliver them. Here was the first challenge to all concerned in getting the program on its feet. Managing placement, faculty status, and compensation issues seemed elementary compared to dealing with the pedagogical issues close to the heart of academic faculty members.

Holding the first appointment in a program and contributing all of one's compensation back to the Department did carry important advantages. One had the privileges of participating

in the program design, of not worrying about the usual strict salary relationships, and – lastly — of not falling under oversight by a faculty. In the end, the Executive in Residence role was arranged as one of a kind within a structured, traditional academic community. Yet, while exercising that freedom, the Executive in Residence was then under tremendous pressure to earn the respect of the faculty and the students and establish credibility with them.

First of all there had to be settled, to the Chair's satisfaction, what would be taught and how it would be done without disturbing the integrity of the academic process. The solution arrived at was for the Executive in Residence not to conduct yet another course or use a text, but rather to take part, at choice, in any of the classes held during his time on campus. The particular faculty member he was working with would introduce the executive residency program to the students, present the new faculty member's background, and explain his classroom role.

The First Year

Thus the program began. The Executive in Residence, sitting among the students, would listen to a lecture and then answer any questions from either students or the faculty member. After the lecture he would undertake a 5-10-minute summation of the pertinent points of the presentation, pointing out any applications to the real world of health administration. The crucial aspect of this exercise was how the presentation was made. Neither the academic faculty member nor the Executive in Residence would try to intimidate the other. The situation made it very easy for that to have occurred, and avoiding it could be a challenge. Both parties had to keep a clear focus on the teaching process and the student's benefit as the highest priority, and bear in mind that neither educator's ego or presence was the issue.

To bring about a comfortable adjustment of people, status in the classroom, and reliabil-

ity in what was being said and taught, so that all parties were at ease, took about two-and-a-half months. The intrusion onto sacred academic ground had to be managed gently yet firmly to gain respect and acceptance from both students and faculty. Once that had been accomplished, the classroom phase of the experiment proceeded smoothly. The measure was the consistent flow of questions coming from the students, the faculty's satisfaction with the endorsement of lecture material from the "outside," and the students' frequent visits to the office of the Executive in Residence to follow up on the classroom discussion.

A symbolic ratification of the program's importance was the location of the Executive in Residence in an office on the first floor, immediately next to the main entrance of the school, where all students congregated at entry, departure, and on breaks. The office was distinctively decorated in corporate executive taste, and it was accessible to any student at any time. Only on rare occasions was the door shut.

Similarly contributing to status was the level at which the Executive in Residence was brought into the Department. The senior advising faculty member, a previous Chair, had recommended that he be an Associate Professor, nontenured. The Dean, however, made the appointment as a full professor, which the President of the University and the Board of Visitors approved. This process not only gave the position high, nondebatable standing, but it also brought the endorsement of the new program by the University President and the Board of Visitors into prominence. That put "gold trim" around the position in the Department.

After about four months, my role was pretty much accepted and trusted. A secondary responsibility had begun to unfold, of counseling and listening to students' concerns: peer acceptance and competition, faculty relationships, assigned project preparation, the likely levels to be found in the career hierarchy at the outset, and how to go about selecting the right administrative

residency. This role was particularly pleasing to me. It required tremendous trust; a keen ability to listen; frank, relevant advice supported by believable experience; and the ability to point out, from experience, the equivalent in the practical sphere of what the student might view in a faculty lecture as distant from the real world. Reinforcement of lecture material had to be offered through parallels in real life situations that demonstrated its relevance.

Probably one of the most important factors in the success of such counseling was the fact that I neither taught a specific course nor gave grades. Because I was not a threat to their academic performance or class standing, the students could talk freely. Over time, that aspect of my work became very important.

Distinctive roles gradually evolved with each of the Department's three programs: 1) the three-year Master of Health Administration, which included one year of administrative residency; 2) the two-year Master of Health Science, which was mostly off-campus, computer-conducted education; and 3) the doctoral program. That year, as the three-year class was seeking residency appointments, certain quandaries became clear. The school's list of acceptable residencies included sites where residents had been in the past, or where alumni sought residents – and, in some cases, residency slots that did not promise a substantial educational experience. What was needed was thorough assessment of the needs of each student candidate, in terms of the kind of facility and its diversity, and the teaching/mentor qualities of a preceptor. The possibility of a site that fit the student but was not yet on the approved list could not be overlooked.

Here was an area where the Executive in Residence could be particularly useful. I became active in each step of this important process: 1) assessing each student who came to me as to where and what the residency might be; 2) checking whether the approved list of residencies offered such a slot; 3) if not, look-

ing further to find a suitable match and to arrange a positive outcome for the student, the faculty, and the future preceptor; 4) helping the student prepare for the visit to the residency for an interview, and making sure that the student's resume was fit to send out.

Such advising did not end with placement. When the student was in residency, an on-site visit was made to assess how the student was doing and how the facility and the preceptor were adapting to the student and the program. For each student, I made a written report to the Department and conducted an oral exit interview with the preceptor.

In residency counseling, placement, and assessment, a very close bond grew between the students and the Executive in Residence. At the same time, it was essential to maintain a complicated awareness of the needs of the teaching faculty, of the residency coordinator, and of the alumni preceptors — as well as, most importantly, the needs of the students. Furthermore, the Executive in Residence had to keep in mind that these were graduate students. They were not to be coddled, but pushed to think and act for themselves.

The Master of Health Science students (referred to as associates) set an entirely different agenda for the Executive in Residence. This group was much more mature, and had more experience in the work place and in working together as a team. On average, they were in their thirties and had about ten years of experience in health care or a related field.

These students pursued the curriculum by computer, except for two on-site visits to the campus, of two weeks each, for classroom learning. Their interchanges with the faculty were quite different from those of the three-year students, who were mostly fresh out of college and about twenty-two years old. My work with the associates (two-year students) included both communicating by computer as if we were in the classroom together, and also attending their actual on-campus classes during their two-week

stays. The contributions they looked for were at a high level; the students were a mixture of clinicians, nurses, caseworkers, accountants and those from fields such as marketing. On occasions the associates openly clashed with faculty, and did not hold back from controversy. I aimed to be supportive to both the associates and the program faculty, and to clarify and help bring closure to any conflict that arose. There were also after-class get togethers when, over refreshments, a lecture, a professor or a project might come up in discussion. These students all also liked to philosophize about the appropriate assessment or solution of a problem.

When the associates returned to their own positions and employers, sometimes what they had heard or learned at the Department of Health Administration was not being practiced — or had never even been thought of — in the work place. Then the associates might call the Executive in Residence for advice on how to approach such problems or their employers. All in all, the experience with this group was extremely rewarding. It was easier to communicate with them because of their experience and maturity. And mutual respect and a bond were quicker to develop.

In the doctoral program, which was more focused on research and teaching, both the students and I were selective in setting our roles. The students were physically in the classroom, and in fact sometimes taught classes. I made assessments and support available, sometimes in the design and support of students' doctoral research — for example, advising them about where to find a critical mass of data for their research, and in some cases helping them seek financial support. In one instance, I was the advisor to a doctoral candidate on her dissertation.

The Second Year

By the second year of my Residence, the comfort level was more stable. The responsi-

bilities with the students continued. However, at the Chair's recommendation, I also joined several faculty committees, i.e. the Curriculum Committee, the Admissions Committee for the Executive Program, the Faculty Advisory Committee to the Departmental Chair, and the Steering Committee for the faculty retreats and alumni gatherings. As this administrative role gained momentum, I also coordinated the structure of the Executive Skills class for the three-year MHA students, bringing in outside lecturers and coordinating the presentations.

Coincidentally with the committee work, I became enmeshed in confidential sessions with the Chair of the Department, the Dean of the School of Allied Health Sciences, and the President of the University, each of whom sought to bounce ideas off me, get my opinion on alternative approaches or, often, to learn how a particular problem or challenge would be handled in a nonacademic setting.

Such sessions contemplated long-range planning, medical school structure, faculty reimbursement, ideas on managed care, and the organization, structure and direction of the programs in health administration. Interestingly, the administration of the hospital itself never sought my advice or support. I didn't take this personally, since the hospital administration seemed, in general, to maintain some distance from the program and its teaching. Perhaps that might have been different if the hospital director had been a graduate of the MCV program; this, however, is pure speculation.

During the second year of the Residency, the usefulness of the Executive in Residence for the Department's development effort became apparent, and advisory relationships were established with the Development Officer of the School of Allied Health Professions and with the MCV Foundation. Within a short time I was asked to serve as a member of the Board of Directors of the Foundation, and later became a member and the Chair of the Audit and Allocations Committee of the Board, working with the

program's alumni to gain more financial support and percentage of participation.

The Third Year

I was now meeting the third beginning class of candidates for the MHA degree. Students who had entered during my first year were in residencies; those from the second year were, of course, in the second year of academics and were planning residencies; and the entering students were just finding out what graduate education in health administration was all about. So I regrouped my experiences and went out once more on the trail of usefulness to education in each of the roles that had emerged, not only for myself, but also for the position of Executive in Residence.

At this point, however, I came to several important conclusions: 1) I was being drawn away from the student and the classroom; 2) I was being drawn more into the committee structure of the Department and the School; 3) I had been identified as someone who had access to the Chair, the Dean, and the University President, and was likely to be treated accordingly; 4) thus the original purpose of the Executive in Residence program was in fact being diluted, so that the students and my participation in the curriculum were getting the short end of the stick; and 5) contrary to some assumptions among the faculty, my increasing conviction was that for credibility and academic respect at the graduate level, I had to maintain an "inservice" of continuing reading and updates on what was going on in the real world of health administration.

Yes, I saw that I could continue the Residency for an unstipulated period and probably get by, but that wasn't how my professional life had been conducted. To sustain the real core of what the Executive in Residence could do, I would have to shift my priority back to the classroom and the students, and also make sure that my management reflections and academic contributions kept up with the times. To be simply

an "old timer" telling tales of the past would not be educational, nor would it preclude my becoming part of my academic surroundings – a *de facto* absence from the role I had undertaken to perform. Coming from business and the corporate side of health administration, I recognized the distinctive talents needed to meet academia's challenge to teach, regroup, teach, self-educate, do research, and teach again. I found such adjustments difficult at best, as during the third year of the Residency I thrust myself back into the original purposes for which I had been appointed.

Moreover, I wanted the program to be about substance, contribution to students' education, and perpetuity – not about a person or a particular person's experience. As the charter Executive in Residence, I wanted to be remembered for a measurable educational contribution to the process of graduate learning: not only the specifics that the students might have learned from me, but aspiration to the exceptional, to excellence in what they would do, and to enact

ing change for the better in their leadership roles as management executives in the health care delivery system today – and tomorrow.

Resolutions

The three years as an Executive in Residence in the graduate program of health administration at Virginia Commonwealth University/Medical College of Virginia brought out for me the unquestionable value that a practicing executive can contribute to graduate education. Foremost in that value is a focus on benefiting the students, to make their education both better and more complete. Accepting the sacred trust bestowed on the position of Executive in Residence must be a dedication to an educational contribution. The Residency must not become a "job," for any person undertaking this enviable role has essentially already "been there and done that." The assignment must be carried out on a higher plane.

It was and is my conviction that, as in business, a successful executive must plan on succession. I thus concluded that three years as Executive in Residence was sufficient. Continuing on would be in neither the Department's, the students', the faculty's, nor my best interest. After all, the program of Executive in Residence must stand on its own under the same academic measures for continuation as apply to any other in the academic arena. New blood, new thought, new experiences, will continue to reinvigorate this innovation of incorporating the outside clinical practice of management and leadership into classroom teaching, and will thus ensure its continuation. My own stimulating experience at the Department revealed a surprising number of ways in which the mantle of ivy, research, and scholarship is only enhanced by incorporating practical applications and real life experience.



Paul Gross finds that one duty of the Executive in Residence is to help clean office windows for the Grant House opening celebration.

Memoir by Richard C. Kraus, for 1996-1998



Richard Kraus (MHA '64), the second Executive in Residence, 1996 to the present

Serving as the Executive in Residence is a unique opportunity to work with students in health administration. This position is not a career path or a tenure tract, but one that permits giving back to the institution that set us on our careers in health care. The residency, which I have had in the last few years, is a time to share one's experience with the new and rising CEOs. Sharing my accumulated understanding of the field, in the classroom and one-on-one, is a unique witness about the field of health care.

During the academic year on campus, I have worked with the Executive Skills class, which enrolls students in the second semester of their first year or the first semester of the next year. Students interact with successful leaders in our community and with successful alumni, both in-state and out of the state, who participate in teaching the course. This course is taken before the students interview for their residencies. Many students also seek advice to help them with the thought process of selecting a residency, or seek help in finding a position with a hospital, physician practice or managed

care provider. Often what is required is just acting as a sounding board.

For a faculty member, numerous committee and faculty meetings are forums to express opinions on academic issues. In another particular activity, in 1996, I enjoyed coordinating with Dr. Wan and other faculty members in inviting guest speakers for the Williamson Institute Healthcare Partnership conference held at the Homestead. It is also rewarding to participate in the oral exams, hearing about projects developed during residency programs and seeing the good work being carried out.

During the students' residencies, I have made site visits, which include meeting with both the students and the preceptor to ensure that we as a Department, and the students, are meeting the objectives that were agreed to shortly after the students began their residencies. Site visits are an enjoyable time of visiting old friends, as well as hearing what the students are doing in the health care field.

I've said that serving as an Executive in Residence is a great opportunity to be involved with the program and contribute in a small way to the students' education. But it also allows me, as an alumnus, to give back to this institution, which gave us our education and the key that opened doors in health care for us. I encourage alumni to become involved in this program, which benefits both the alumni and the students.

Scholarship Funds

In order to improve the quality and national standing of our applicants, we should offer scholarships to recruit highly qualified applicants. In celebration of the Department's 50th anniversary, support from alumni and friends is sought to establish endowed funds for scholarships.

Dr. John Larson (MHA'71) chairs the scholarship committee and has held a number of formal and informal meetings with its members and with Steve Harvey of the Dean's office.

A list of scholarship funds follows.

- 1) Charles H. Keaton gave \$10,000 in Columbia/HCA stock to establish the M. Earl Bullard Scholarship in the Department of Health Administration. The award is to be given annually to a student entering or in the Department of Health Administration who exemplifies the ethical standards of the health profession and shows evidence of future leadership. It is preferred, but not required, that the scholarship provide financial assistance to a student from Mr. Bullard's home state—North Carolina.
- 2) E. L. Derring annually funds \$1,000 for a merit scholarship in the Department of Health Administration.
- 3) Don Good and Donald Romano are Heritage Society members (i.e. the Department is mentioned in their wills). Don Good's bequest will support students attending professional conferences and programs, with the establishment of the Donald S. Good Fund. Donald Romano's bequest will establish the Donald Joseph Romano Chair or Professorship.
- 4) Dr. Thomas T.H. Wan has established a scholarship for students in the Department's doctoral program (\$7,500 from the sale of his book).
- 5) Stuart D. Ogren Scholarship is an endowment for rewarding student scholarship in the Department. This award was established to honor Mr. Ogren's contributions to the Virginia Hospital Association.
- 6) Health Administration Scholarship—award based on need
- 7) Cardwell Leadership Award
- 8) Mullins Award for Outstanding Management
- 9) A. D. Williams Scholarship
- 10) Master's/Doctoral Health Administration Award
- 11) Department of Health Administration

Traineeship

- 12) Commonwealth of Virginia Graduate Scholarship Awards
- 13) Sherry Kohlenberg Scholarship for Excellence in Risk Management. Named for a 1986 MHA alumnus. The cash award is to be given annually to an MHA student.

Alumni Support in Planning the Program's Future

Alumni are our greatest assets. We value their continued support and guidance. In particular, their support is now sought as the Department faces questions about its future—for example, should we stay in the traditional educational mode or perhaps start a health information and technology (IT) track? Many faculty members are pondering that question and putting the health information system curriculum under the microscope. The faculty will convene a series of forums on health IT and informatics. Roice Luke and Ramesh Shukla have begun to organize the focus group sessions and generate support from health care executives under the auspices of the Williamson Institute for Health Studies. Alumni are being invited to participate in these planning activities. Their help is indispensable for positioning the Department as an innovative and excellent program in health management education in the 21st Century.



In honoring Stuart Ogren, former CEO of the Virginia Hospital Association, the Association established a scholarship fund for the Department in 1989.

From the Co-Chairs of the Golden Anniversary Campaign



JAMES DALTON

As the demand for outstanding graduates in health administration rises, state funding continues to diminish. Private funding is vital for the Department of Health Administration to maintain its leadership position. Moreover, highly qualified students, developing into capable health administration executives, face a burden of debt as public funds become gravely inadequate.

By building our endowment through private support, scholarship awards to students are strengthened. Private funding helps students attend important conferences, leadership programs, educational seminars and management development programs.

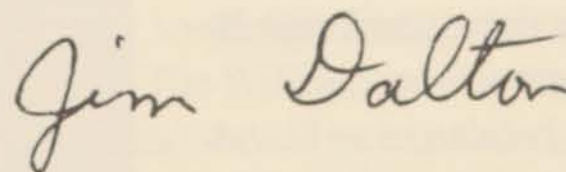
Private support helps researchers discover the impact of various elements on health care as we embark on the 21st century, including organizational strategies, economics, aging, cost and outcomes of therapeutic interventions, productivity, performance, and regulations. Further, it bolsters our position as a successful and important element in a world-class research university.



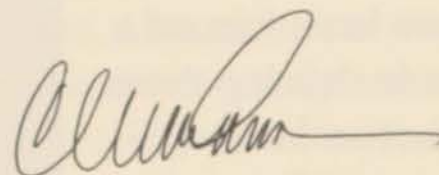
CHARLES EWELL

We have an obligation to preserve our leadership for our profession and for the American people who rely upon our outstanding graduates. Our standards are set by a strong faculty coupled with the realistic needs of the health-care industry we serve. Your investment is greatly appreciated and vital to our quest to be the nation's best. We encourage your support.

Sincerely,



James Dalton, MHA '66
President & CEO, Quorum Health Group



Charles Ewell, PhD, MHA '64
Chairman, The Governance Institute

10. Department Goals and Objectives for the Future

For fifty years, the Department of Health Administration has pursued excellence through ceaseless efforts of growth, consolidation, and renewed growth. Now, facing the millenium and a new century, the Department is determined to claim its position as a center of excellence in both education and research for health services administration. In achieving those goals, a major strategic objective for the Department is to gain recognition of the Williamson Institute, nationally and internationally, as a center for the study of innovations in health systems' organization and financing. The faculty will position the Institute as the national and international preeminent source for innovation in health systems and for market-oriented, database-supported solutions to the major quandaries be-deviling health care.

Steering Committee's Basic Goals

Faculty members have formed a Steering Committee to develop these basic goals: 1) conduct an Internet forum series, the Williamson Forum, featuring nationally known experts; 2) transform the Department's graduate programs to incorporate anticipated trends, enhance marketability, and add value; 3) maintain research excellence

and productivity; and 4) pursue international projects (e.g., The Executive Fellowship Program in Health Systems) funded by corporations; 5) formulate a faculty practice plan; 6) increase faculty productivity; and 7) develop new marketing and promotion materials for Department programs.

These basic goals for the future of the Department support the University's strategic themes in Phase II of the University Strategic Plan, in the emphases of the goals on the pursuit of excellence in the educational program and in research, and through the effort to further national and international recognition for those achievements.



The Department is developing computer technology applications for establishing evidence-based management. Shown at the computer, left to right: Brent Clark (MHA '2000), and Jeff Lodge, instructor.

Six Specific Objectives and Their Strategies

In addition to these general goals, we intend to develop certain specific objectives. Our first objective is to focus on certain key strategic directions: developing competencies in the areas of information systems and clinical management—its technologies and strategies; in integrated health care delivery and managed care systems; in physician organization and management; and in the use of asynchronous distributive learning technology to establish the Department's position in delivery of innovative educational products. To accomplish these, we will pursue strategies that generate new financial resources to support operating expenses. We also will focus on building a national database on integrated delivery systems (IDSs), physician management organizations, vendor organizations, and other market actors in health care. Finally, the strategy for the Department's educational programs is to continually improve them in ways that serve the evolving health care industry. Similarly, our research-based products, fellowship programs, and other activities should be developed to meet the educational and service needs of corporations, and of other customers such as the medical societies.

Our second specific objective is to expand the Williamson Institute's capabilities and activities. This task can be accomplished through several strategies. First, the Williamson Institute should position itself as a leading center for health services research. The Institute should organize multidisciplinary research teams to pursue grants and conduct research in health care policy and services. Within the Institute, centers of research excellence in key areas (managed care, IDS, and physician management organization) should be established. Another essential strategy for the Williamson Institute is to work with companies that develop and market research and educational products, since aggressive promotion and dis-

semination of the Institute's research findings should enhance the reputation of the Department. Lastly, the Institute should strengthen its research links with clinicians.

The third objective for the Department is for faculty activities to increase. This goal can be accomplished in several ways: 1) deepen faculty members' expertise in, and commitment to, targeted priority areas; 2) establish a faculty incentive plan; 3) assist faculty members to produce monographs and books; 4) foster joint projects among faculty; 5) seek corporate sponsorship for the faculty fellowship program; and 6) invite experts/speakers to the Department to improve faculty skills in adult education.

A fourth specific objective is to explore international opportunities for program development. The Department should recruit more post-doctoral fellows into its educational programs. We also should collaborate with international scholars, and should continue the international visiting scholar program. Corporate sponsorship for short-term executive fellowship programs should also be sought.

Our fifth objective is to improve the Department's use of instructional technology and innovation. The distributive learning and communication system must be continually enhanced. Furthermore, the department should collaborate with the Office of Computer Technology to design innovative instructional materials. The Williamson Forum series (electronic seminars) should be expanded, and instructional technology should be applied to develop new lines of educational and research products.

Our sixth objective is to strengthen alumni relations. Alumni are our assets. Their support for the department greatly enhances our educational programs. We value their many contributions. To capitalize on our alumni support, an alumni directory has been computerized; it lists 1,800 graduates. Ryan White, a member of our clerical staff, updates the file and tracks down the missing graduates. To garner support from our alumni, several regional visits have been made. Notably,

on October 15, 1997 an alumni reception was held in Nashville, in honor of the David G. Williamson Institute's tenth anniversary. James Dalton, John Smalley, Doug Lewis, and other alumni leaders were present. Our alumni are always encouraged to refer and recruit applicants to the professional graduate programs.

As the Department works on achieving its challenging goals, there is hope of stronger financial support being secured. Steve Harvey, Assistant Dean of the School of Allied Health Professions, is currently coordinating a fundraising campaign with a target of \$1,600,000 by 1999. The funds raised would be allotted as follows: 1) ten endowed scholarships (\$1,000,000); 2) a high tech collaborative learning lab (\$300,000); 3) funding for student travels to ACHE, MGMA, and other professional meetings (endowed fund of \$150,000); 4) program promotion and faculty development (\$150,000).

Positioning the Department and the Williamson Institute

Health Administration faculty, committed to ensure the recognition of the Department and its Williamson Institute as a center of excellence, have agreed to give priority to research and educational development in the following four areas: performance, markets, organizations, and technology systems.

Special emphasis will be given to the areas of administrative technology and information systems. In information systems, there has been an explosion of new knowledge and its costly byproducts — computer hardware, software, staff, and facilities. If we hope to stay ahead of our competitors in the field and, more importantly, if we want to assure that our students are given the most advanced education possible, it is imperative that we continually upgrade our systems.

We are pursuing a number of strategies to help us become a nationally recognized leader in the area of administrative technologies and informa-

tion systems. For example, we are attempting to build up a partner group to assist us in our development, research and teaching. We cannot accomplish this without the support of major corporations in the field that are either providing or buying information system products and services.

In addition, priority has been given to an upcoming faculty search to recruit an additional faculty person with expertise in the management of health professionals and information systems. We are also looking at partnering with other academic organizations that are already strong in this area, including the VCU Business School. And we are planning a number of innovations in our educational programs targeting our priority areas for development. One strategy being considered is to introduce a track for both master's programs in clinical management and information systems. In the future, a certificate may be offered in this area, using our distinctive capabilities in delivering education via the Internet.

Williamson Forum. Focusing our attention on the April 1999 Golden Anniversary celebration, we will conduct Internet-based seminars on the priority areas identified for our Department/Institute. We will invite alumni who use the Internet to participate in a seminar beginning in February 1999, and culminating in an educational session to be held during our April celebration in Richmond.

During the seminars, entitled "A Virtual Conference — The 1990s: Boom or Bust?", groups will discuss the following seminar topics:

- 1) Physician/hospital integration: Miracle pills, or placebos, for improving the delivery of health care and the well being of the community?
- 2) Information systems and technology: Help or hindrance in forming organized delivery systems and improving health care and the well being of the community?
- 3) The Internet: How will this technology affect health administration education and health care delivery?

Conclusion

The Department has a well established strategic planning process to identify important initiatives and target specific areas for academic and research pursuits. Our common vision is being built through consensus. We aspire to be the best among the top health administration programs in the world. We have involved key stakeholders throughout the country in establishing priorities and future directions for furthering our goals. Our golden foundation has helped build a strong faculty with nationally and internationally reputation.

We are preparing for many new challenges in the 21st Century. We need resources to fund student scholarships, technological support, faculty enhancement projects, and program improvement. The gift of inspiration—just as financial support and encouragement inspired the scientific discoveries of the modern world, so generous gifts and encouragement will inspire the faculty and students of the Department of Health Administration at VCU in their quest for new knowledge and to establish scientific principles for evidence-based management practice in health care.

Appendix 4-1. MHA Administrative Residency Sites, 1990–1999

Alexandria Hospital, Alexandria, Virginia
 Audie L. Murphy Memorial Veterans Hospital, San Antonio, Texas
 Avanti Corporate Health Systems, Inc., New York, New York
 BAI Group, Ambler, Pennsylvania
 Baylor/Richardson University Medical Center, Richardson, Texas
 Beth Israel Medical, New York, New York
 Blount Memorial Hospital, Maryville, Tennessee
 Bon Secours Health System, Inc., Marriottsville, Maryland
 Bon Secours St. Francis Xavier Hospital, Charleston, South Carolina
 Bon Secours St. Joseph's Hospital, Port Charlotte, Florida
 Bon Secours St. Mary's Hospital, Richmond, Virginia
 Borgess Medical Center, Kalamazoo, Michigan
 Carilion Health System, Roanoke, Virginia
 Centra Health, Lynchburg, Virginia
 Central Virginia Health Network, Richmond, Virginia
 Charleston Area Medical Center, Charleston, West Virginia
 Charlotte Memorial Hospital & Medical Center, Charlotte, North Carolina
 Chesapeake General Hospital, Chesapeake, Virginia
 Chippenham Medical Center, Richmond, Virginia
 Church Hospital Corporation, Baltimore, Maryland
 CIGNA HealthCare, Hartford, Connecticut
 CIGNA HealthCare of Virginia, Richmond, Virginia
 C.J. Harris Community Hospital, Inc., Sylva, North Carolina
 Cleveland Memorial Hospital, Shelby, North Carolina
 Coastal Healthcare Group, Inc., Durham, North Carolina
 Columbia/HCA America's Group, Nashville, Tennessee
 Columbia/HCA Corporation, Richmond, Virginia
 Columbia HCA Johnston-Willis Hospital, Richmond, Virginia
 Columbia/HCA North Florida Division, Tallahassee, Florida
 Columbia Trident Medical Center, Charleston, South Carolina
 CompMed, Richmond, Virginia
 Culpeper Memorial Hospital, Culpeper, Virginia
 Delray Community Hospital, Delray Beach, Florida
 Edward Hines, Jr. VA Medical Center, Hines, Illinois
 Equicor Health Plan, Richmond, Virginia
 Ernst & Young, LLP, Charlotte, North Carolina
 Ernst & Young, Richmond, Virginia
 First Medical Group, Langley AFB, Virginia
 Greenville Hospital System, Greenville, South Carolina
 Hamilton Health Care System, Dalton, Georgia
 Hamilton/KSA, Fairfax, Virginia

Appendix 4-1. MHA Administrative Residency Sites, 1990–1999, continued

HCA Reston Hospital Center, Reston, Virginia
Headquarters Air Combat Command, Langley AFB, Virginia
Health Corporation of Virginia, Richmond, Virginia
HealthPlus, Riverdale, Maryland
HealthSouth Miami Hospital, South Miami, Florida
HealthSouth, Richmond, Virginia
Henrico Doctors' Hospital, Richmond, Virginia
Houston Health Care Complex Warner Robins, Georgia
Humana Hospital—Clinch Valley, Richlands, Virginia
Humana Hospital—Overland Park, Overland Park, Kansas
Humana Hospital—St. Luke's, Richmond, Virginia
John F. Kennedy Medical Center/John F. Kennedy Health Systems, Edison,
New Jersey
John Randolph Medical Center, Hopewell, Virginia
Lakeview Medical Center, Suffolk, Virginia
Martha Jefferson Hospital, Charlottesville, Virginia
Mary Black Memorial Hospital, Spartansburg, South Carolina
Mary Immaculate Hospital, Newport News, Virginia
Maryland General Hospital, Baltimore, Maryland
MED3000 Group, Inc., Blue Bell, Pennsylvania
Memorial Hospital, Jacksonville, Florida
McGuire VA Medical Center, Richmond, Virginia
MCV Associated Physicians, Richmond, Virginia
MCV Campus/VCU Rheumatology Program, Richmond, Virginia
MCV Physicians at Stony Point, Richmond, Virginia
Meadowcrest Hospital, Gretna, Louisiana
Medaphis Physician Services Corporation, Raleigh, North Carolina
Medical College of Virginia Hospitals/VCU, Richmond, Virginia
Medical Management Sciences, Richmond, Virginia
MediCorp Health System, Fredericksburg, Virginia
Memorial Medical Center, Savannah, Georgia
Methodist Hospital, San Antonio, Texas
Miami Heart Institute, Miami Beach, Florida
Monmouth Medical Center, Long Branch, New Jersey
Mount Vernon Hospital, Alexandria, Virginia
New Hanover Regional Medical Center, Wilmington, North Carolina
New Orleans Regional National Medical Enterprises, Metairie, Louisiana
North Carolina Baptist Hospitals, Inc., Winston-Salem, North Carolina
North Collier Hospital, Naples, Florida
Northshore Regional Medical Center, Slidell, Louisiana
Optima Health Plan & COO Sentara ADS, Virginia Beach, Virginia

Appendix 4-1. MHA Administrative Residency Sites, 1990–1999, continued

Obici Hospital, Suffolk, Virginia
 Orlando Regional Medical Center, Orlando, Florida
 PacifiCare Health System, Cypress, California
 Parkland Memorial Hospital/Dallas County Hospital, Dallas, Texas
 Potomac Hospital, Woodbridge, Virginia
 Presbyterian Healthcare Services, Albuquerque, New Mexico
 Princeton Community Hospital, Princeton, West Virginia
 Pulaski Community Hospital, Pulaski, Virginia
 Richmond Eye & Ear Hospital, Richmond, Virginia
 Richmond Memorial Hospital, Richmond, Virginia
 Riverside Health System, Newport News, Virginia
 Riverside Regional Medical Center, Newport News, Virginia
 Roanoke Memorial Hospitals, Roanoke, Virginia
 San Leandro Hospital, San Leandro, California
 Sentara Norfolk General Hospital, Norfolk, Virginia
 Sierra Health Services, Las Vegas, Nevada
 Southside Regional Medical Center, Petersburg, Virginia
 St. Elizabeth's Hospital of Boston, Boston, Massachusetts
 St. Jerome Hospital, Batavia, New York
 Strong Memorial Hospital of the University of Rochester, Rochester, New York
 The Joseph L. Morse Geriatric Center, Inc., West Palm Beach, Florida
 The Mayo Clinic, Rochester, Minnesota
 The Memorial Hospital, Danville, Virginia
 The NovaCare Rehabilitation Hospital of Virginia, Richmond, Virginia
 The Retreat Hospital, Richmond, Virginia
 The Virginia Urology Center, Richmond, Virginia
 Thomas Jefferson University Hospital, Philadelphia, Pennsylvania
 Tidewater Health Care, Virginia Beach, Virginia
 Tidewater Health Care System, Virginia Beach, Virginia
 Trident Medical Center, Charleston, South Carolina
 TRIGON Blue Cross/Blue Shield, Richmond, Virginia
 University Medical Center of Easter Carolina – Pitt County, Greenville, North Carolina
 UVA Medical Center, Charlottesville, Virginia
 Vanderbilt University Medical Center, Nashville, Tennessee
 Veterans Health Administration/VA Central Office, Washington, DC
 Virginia Hospital Association, Richmond, Virginia
 Washington Hospital Center, Washington, DC
 Washington Hospital, Washington, Pennsylvania
 Williamsburg Community Hospital, Williamsburg, Virginia
 Winchester Medical Center, Winchester, Virginia
 W.R. Adams Company, Inc., Richmond, Virginia

Appendix 5-1. Data for Alumni of the Ph.D. Program

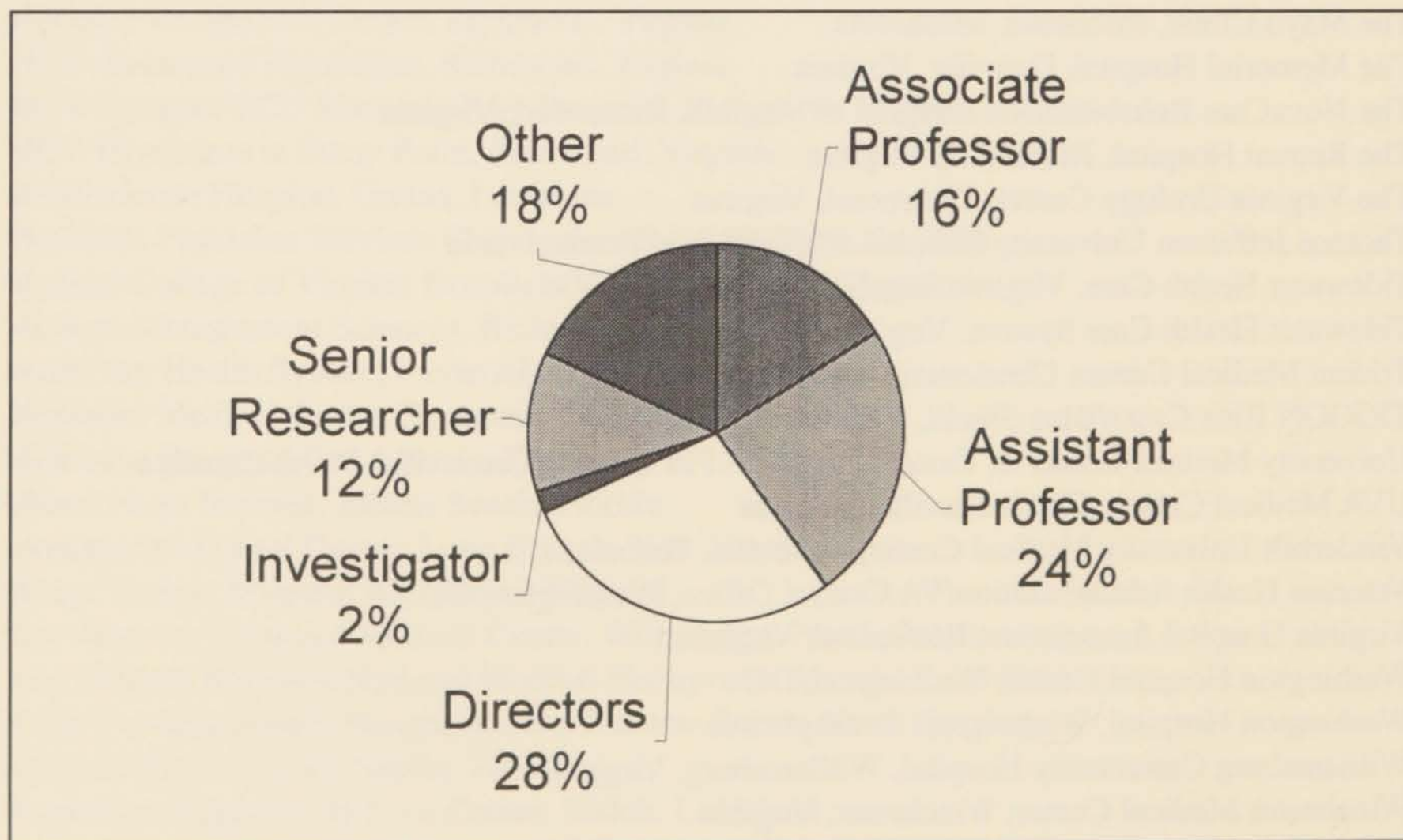
Employment

The following table and graph show employment positions for the Ph.D. Program's 50 alumni.

Table A5-1. Professional Positions of Ph.D. Alumni

Associate Professor	8
Assistant Professor	12
Directors	14
Investigator	1
Senior Researcher	6
Other	9

Figure A5-1. Distribution of Ph.D. Alumni: Professional Positions, by Percentage



Appendix 5-1. Data for Alumni of the Ph.D. Program, continued

The table below shows the associations of the Ph.D. Program alumni with universities and with institutions:

Table A5-2. Ph.D. Program Alumni's Associations with Universities and Institutions

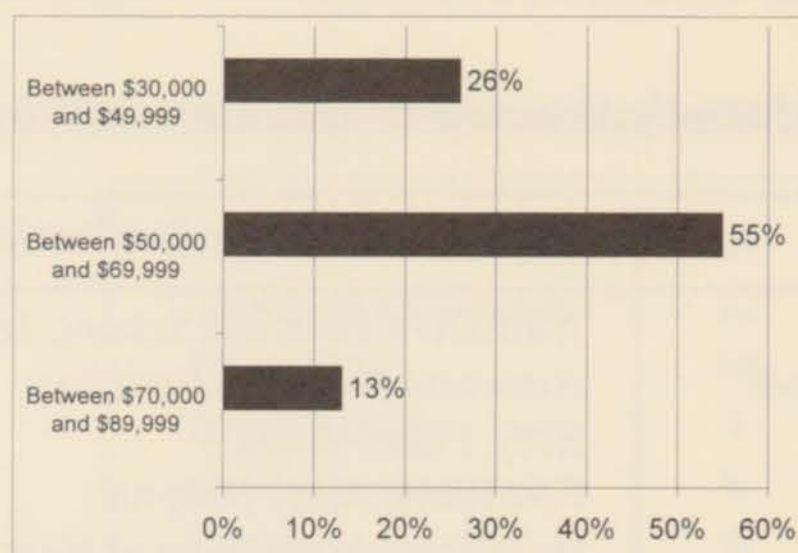
Universities	Other Institutions
Creighton University Eastern Virginia Medical School James Madison University Kaiser College Kaohsiung Medical College Midwestern State University Old Dominion University Tzu-Chi College of Medicine University of Maryland University of Missouri-Columbia University of Nevada-Las Vegas University of Osteopathic Medicine and Health Sciences University of Scranton University of Virginia University of Wisconsin-Green Bay University of Wisconsin-Milwaukee Virginia Commonwealth University	AMEDD Center and School, Texas American Nurses Association EDS, Plano, Texas Fort Bragg Army Hospital Healthcare Association of New York State Institute of Public Administration-Saudi Arabia Kaiser Permanente Northwest Region Korea Institute of Health and Social Affairs McGuire Veterans Administration Medical Center Michigan Peer Review Organization TRICARE Southwest Virginia Department of Health Epidemiology Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Virginia Health Quality Center Virginia Hospital Association

Salary Range

The following chart displays the alumni salary range as calculated from a 1997 doctoral alumni survey. Fifty-five percent of the alumni responding reported annual base salaries between \$50,000 and \$69,999; 26 percent reported salaries between \$30,000 and \$49,999, and 13 percent reported salaries between \$70,000 and \$89,999.

Appendix 5-1. Data for Alumni of the Ph.D. Program, continued

Figure A5-2. Reported Salary Ranges for Alumni of the Ph.D. Program



Location

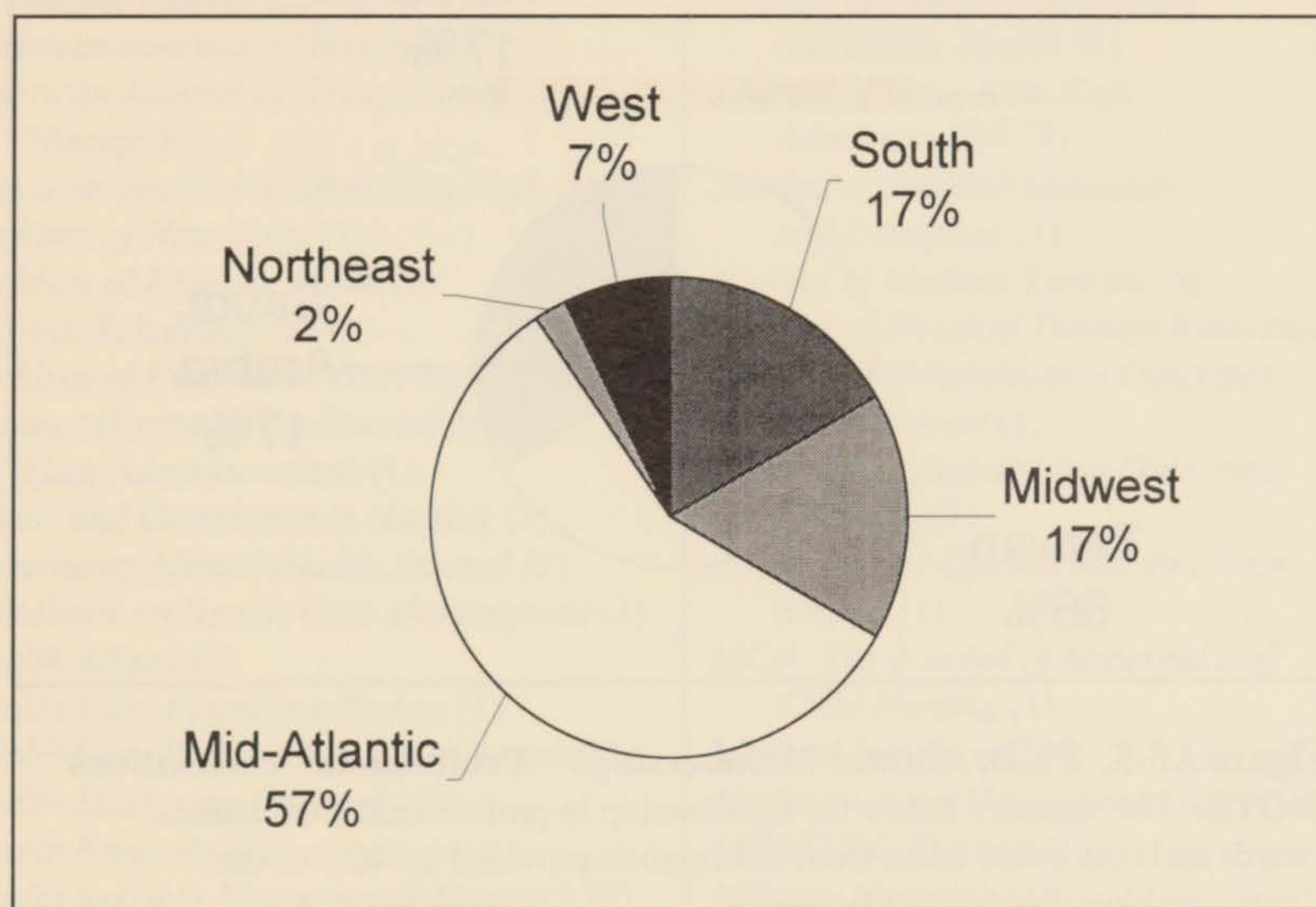
Where are our Ph.D. alumni? The table below displays the locations of the program's alumni by state and region, including international locations.

Table A5-3. Ph.D. Alumni Locations: U.S. States, and other Countries

State	Alumni
Arkansas	1
Florida	2
Iowa	2
Maryland	1
Massachusetts	1
Michigan	1
Missouri	1
Nebraska	1
Nevada	1
New York	1
North Carolina	1
Oregon	1
Pennsylvania	1
Tennessee	1
Texas	4
Virginia	21
Washington State	1
Wisconsin	2

Country	Alumni
Korea	1
Saudi Arabia	1
Taiwan	4

Appendix 5-1. Data for Alumni of the Ph.D. Program, continued

Figure A5-3. U.S. Regional Locations of Ph.D. Alumni

Appendix 5-1. Data for Alumni of the Ph.D. Program, continued

Figure A5-4. International Locations of Ph.D. Alumni

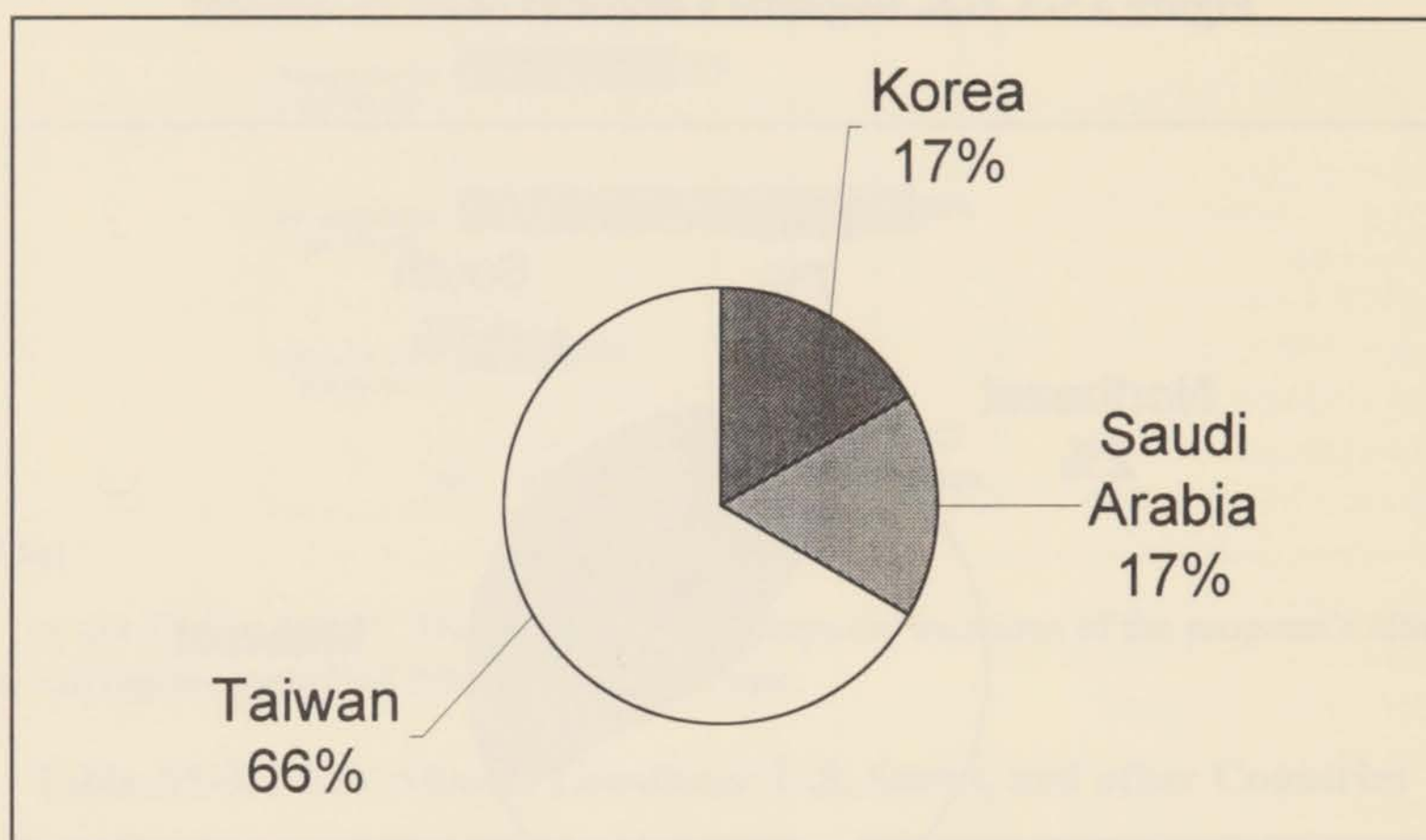


Figure A5-5. Ph.D. Alumni Memberships—Professional Associations

(NOTE: The statistics below for membership in professional associations, awards and honors are taken from information provided by 46% of our alumni, making these partial listings.)

Academy of Management
 American Academy of Nursing
 American Association of University Professors
 American College of Healthcare Executives
 American Occupational Therapy Association
 American Physical Therapy Association
 American Public Health Association
 Association for Health Services Research
 Association of University Programs in Health Administration
 Hospital Association of Pennsylvania
 Operations Research Society of America
 Virginia Occupational Therapy Association
 Williamson Institute for Health Studies

Appendix 5-1. Data for Alumni of the Ph.D. Program, continued

Figure A5-6. Journal Publications (n = 58) of Ph.D. Program Alumni

<p><i>American Academy of Medical Administrative Executives (1)</i></p> <p><i>American Journal of Nursing (1)</i></p> <p><i>American Journal of Occupational Therapy (1)</i></p> <p><i>American Journal of Otolaryngology (1)</i></p> <p><i>Archives of Neurology (1)</i></p> <p><i>Archives of Physical Medicine and Rehabilitation (1)</i></p> <p><i>Archives of Psychiatric Nursing (1)</i></p> <p><i>Balance (formerly the Journal of Long Term Care Administration) (1)</i></p> <p><i>Chaos and Complexity in Nursing (1)</i></p> <p><i>Community Mental Health Journal (2)</i></p> <p><i>Handbook on Health Care Management (1)</i></p> <p><i>Health Affairs (1)</i></p> <p><i>Health Care Financing Review (1)</i></p> <p><i>Health Care System Economics Report (1)</i></p> <p><i>Health Marketing Quarterly (1)</i></p> <p><i>Health Progress (1)</i></p> <p><i>Health Services Management Research (2)</i></p> <p><i>Health Services Research (1)</i></p> <p><i>Hospital and Health Services Administration (2)</i></p> <p><i>Hospital News (1)</i></p> <p><i>Inquiry (1)</i></p> <p><i>Issues in Mental Health Nursing (1)</i></p> <p><i>Journal of Community Health Nursing (1)</i></p> <p><i>Journal of Emergency Medicine (1)</i></p> <p><i>Journal of Health Administration Education (2)</i></p> <p><i>Journal of Health Care Management (1)</i></p>	<p><i>Journal for Health Care Quality (1)</i></p> <p><i>Journal of Health Management and Public Health (1)</i></p> <p><i>Journal of Long-term Care Administration (1)</i></p> <p><i>Journal of Medical Licensure and Discipline (1)</i></p> <p><i>Journal of Medical Systems (3)</i></p> <p><i>Journal of Physical Therapy Education (1)</i></p> <p><i>Journal of Rehabilitation Outcomes Measurement (1)</i></p> <p><i>Journal of Rehabilitation Outcomes Research (1)</i></p> <p><i>Journal of the Operational Research Society (1)</i></p> <p><i>MCN: The Journal of Maternal and Child Nursing (1)</i></p> <p><i>Medical Interface (1)</i></p> <p><i>Medical Group Management (2)</i></p> <p><i>MEDSURG Nursing (1)</i></p> <p><i>Military Medicine (1)</i></p> <p><i>New England Journal of Medicine (1)</i></p> <p><i>Nursing Administration Quarterly (1)</i></p> <p><i>Nursing Policy Forum (1)</i></p> <p><i>Nursing Research (1)</i></p> <p><i>Occupational Therapy in Mental Health (1)</i></p> <p><i>Outlook (1)</i></p> <p><i>Pediatrics (1)</i></p> <p><i>Psychiatric Services (1)</i></p> <p><i>Public Health Nursing (1)</i></p> <p><i>Quality Review Bulletin (1)</i></p> <p><i>Virginia Nurse (1)</i></p>
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Appendix 5-1. Data for Alumni of the Ph.D. Program, continued

Figure A5-7. Books and Book Chapters by Ph.D. Program Alumni, with Publishers

“Alternative Therapies and Health Care Reform” (chapter in book). NLN Press.
“Health Care Economics and Delivery” (chapter in book). Appleton & Lange.
Mental Health, United States, 1992, Mandersheid & Sonnenschein, eds.
USDHHS.
Nursing Administration Series VI, Kelly, K., ed. St. Louis: Mosby.
Physical Therapy of the Low Back, 2nd edition. New York: Churchill
Livingstone.
“The Health Professions in Human Resources” (chapter in book). Health
Administration Press.
“The Profession of Nursing as a Complex Adaptive System: Strategies for
Change” (chapter in book). JAI Press.
The Validation of Clinical Practice, 4th edition. Philadelphia: F.A. Davis

Figure A5-8. Agencies Approving and Funding Grants to Ph.D. Program Alumni

A.D. Williams Grant/Medical College of Virginia Hospitals
Agency for Health Care Policy and Research
Air Force School of Health Care Sciences
American Occupational Therapy Foundation
Bristol-Myers Squibb
Children’s Health System and Eastern Virginia Medical School
Mercy International Health Services
National Cancer Institute
National Institute for Mental Health
Robert Wood Johnson Foundation
Substance Abuse and Mental Health Administration
U.S. Department of Health and Human Services
U.S. Department of Interior
Virginia Department of Health
Virginia Health Care Foundation
Virginia Joint Commission on Health Care

Appendix 5-1. Data for Alumni of the Ph.D. Program, continued

Figure A5-9. Organizations for Which Ph.D. Alumni Have Made Presentations, and Number of Presentations for Each

Academy of Management (1)
American Academy of Pediatrics (1)
American Association of Health Plans, 3 rd Annual "Building Bridges" Conference (1)
American Cancer Society (1)
American College of Healthcare Executives, Annual International Student Chapter Symposium (1)
American Health Service Research (2)
American International Health Alliance (1)
American Physical Therapy Association (1)
American Public Health Association (2)
Association for Health Services Research (4)
Association of University Programs in Health Administration (1)
Center for Disease Control and Prevention (1)
Central Shenandoah Valley Health Care Coalition (1)
Child Health Corporation of America (1)
Children's Hospital of the King's Daughters (1)
Children's Surgical Association (1)
Eastern Virginia Medical School (1)
INFORMS: Institute for Operations Research and the Management Sciences (1)
Emergency Nurses Association Leadership Symposium (1)
Federation of Chiropractic Learning Boards (1)
Midwestern State University (1)
Maternal and Child Health Association (1)
National Association of Children's Hospitals (1)
National Institute of Mental Health, Mental Health Services Research Center (1)
National Committee on Vital & Health Statistics (1)
Robert Wood Johnson Foundation (1)
Society for Research in Psychiatric—Mental Health Nursing (1)
Southern Council on Collegiate Education for Nursing (1)
United States Air Force Academy (1)
University of Arkansas (1)
University of Texas (1)
University of Virginia (1)
Virginia Association of Non-Profit Homes for the Aging (1)
Virginia Board of Medicine (1)
Virginia Board of Health Professions (1)
Virginia Commonwealth University (6)
Virginia Council of Clinical Nurse Specialists (1)

Appendix 5-1. Data for Alumni of the Ph.D. Program, continued

Figure A5-9. Organizations for which Ph.D. Alumni Have Made Presentations, and Number of Presentations for Each, continued

Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services (2)
 Virginia Department of Public Health (1)
 Virginia Hospital Association (1)
 Virginia Nurses Conference (1)
 Virginia Physician Therapy Association (1)

Figure A5-10. Awards and Honors to Ph.D. Program Alumni

Academy of Medical-Surgical Nursing, Writer's Award
 Award for General Excellence, MSHA program, Stony Brook University
 Distinguished Alumnus Award—Stony Brook University
 Faculty Mentor in Instructional Technology—Medical College of Virginia
 Marquis Who's Who in America
 Outstanding Graduate Student, Virginia Commonwealth University's School of Allied Health Professions
 Robert S. Salant Award for Excellence in Research—New York Chapter of the American Physical Therapy Association
 Sister Mary Concilia Moran, RSM Award

Appendix 5-1. Data for Alumni of the Ph.D. Program, continued

Table A5-4. Doctoral Program Graduates: Dissertations, Committee Chairs, and Current Positions

Name	Year	Dissertation Title/Committee Chair	Current Position
Brown, Barbara	1987	Effect of Utilization Controls on HMO Enrollees' Health Satisfaction with Care and Disenrollment—Dr. Louis Rossiter	Director, Clinical Information Services Virginia Hospital Association Richmond, Virginia
Turner, Jean	1987	Community Length of Stay of the Chronically Mentally Ill: An Ecological Perspective— Dr. Thomas Wan	Associate Professor, School of Nursing University of Virginia Charlottesville, Virginia
Warner, Lora	1987	Control of Hospital Strategy in Small Multihospital Systems—Dr. James Begun	Lecturer, Dept. of Public Affairs University of Wisconsin, and President, Planning & Evaluation Associates, Inc. Green Bay, Wisconsin
Al-Haider, A.S.	1988	Modeling the Determinants of Hospital Mortality—Dr. Thomas Wan	Assistant Professor and Coordinator Health Administration Program Institute of Public Administration Riyadh, Saudi Arabia
Lynch, Janet	1988	The Financial Performance of System Acquired Hospitals—Dr. Michael McCue	Director, Quality Improvement Projects Virginia Health Quality Center Richmond, Virginia
Merwin, Beth	1988	Determinants of Manpower Utilization in Private Psychiatric Hospitals—Dr. Ramesh Shukla	Associate Professor School of Nursing University of Virginia Charlottesville, Virginia
Ozcan, Yasar	1988	Determinants of Performance in Community Mental Health Organizations: A Macro Perspective— Dr. Ramesh Shukla	Associate Professor Dept. of Health Administration Virginia Commonwealth University Richmond, Virginia
Ciresi, Salvatore	1989	Organizational Determinants of Anesthesia Mishaps—Dr. Thomas Wan	Dept. of Nurse Anesthesia Fort Bragg Army Hospital Fort Bragg, North Carolina
Moseley, Charles	1990	Nursing Home Ownership and Quality of Care— Dr. Thomas Wan	Assistant Professor Dept. of Health Administration University of Nevada Las Vegas, Nevada
Pyles, Michael	1990	Frailty as a Predictor for Health Services Utilization, Institutionalization, and Mortality in a Panel of Community-Based Elders—Dr. Thomas Wan	Assistant Professor Dept. of Pharmacy & Pharmaceutics Virginia Commonwealth University Richmond, Virginia
Rowell, Pat	1990	Hospital Quality Assurance and Outcomes of Hospitalization—Dr. Thomas Wan	Senior Policy Fellow American Nurses Association Washington, DC
Stegall, MeriBeth	1990	Determinants of Long-term Care Services Utilization by the Functionally Impaired Elderly: A Multivariate Approach—Dr. Thomas Wan	(on family leave)
Li, Shuo	1991	Service Expansion and Market Improvement—Drs. Louis Rossiter and Thomas Wan	Director of Medical Informatics Sarasota Memorial Hospital Sarasota, Florida

Appendix 5-1. Data for Alumni of the Ph.D. Program, continued

Table A5-4. Doctoral Program Graduates: Dissertations, Committee Chairs, and Current Positions, continued

Name	Year	Dissertation Title/Committee Chair	Current Position
Rivnyak, Margaret	1991	Adaptive Response to Regulation: The Case of Nursing Homes—Dr. Thomas Wan	Medical Technologist St. Mary's Hospital Richmond, Virginia
Stegall, Scott	1991	Classifying Hospitals to Evaluate the Ecological Equation: Expanding the Population Perspective—Dr. Dennis Pointer	Assistant Professor University of Wisconsin-Milwaukee Milwaukee, Wisconsin
Abu-Jaber, Mutasem	1992	Hospital Performance in Local Markets: The Role of Market Structure and Organizational Strategy—Dr. Jan Clement	
Ho, Pei-Shu	1993	Effects of Utilization of Case Management Related Services on the Quality of Life of the Community-Based Long-Term Care Populations—Dr. Thomas Wan	Senior Researcher MedAtlantic Research Institute Washington, D.C.
Jacobs, Mary	1993	The Determinants of Health Services Utilization by the Community-Dwelling Elderly: A Causal Model—Dr. Thomas Wan	Clinical Nurse for Research and Staff Development Hunter Holmes McGuire Veterans Medical Center-Richmond, Virginia.
Richardson, Joann	1993	Utilization of Screening Mammography: Factors Influencing the Decision in Rural Women—Dr. Thomas Wan	Assistant Professor School of Education Virginia Commonwealth University Richmond, Virginia
Bannick, Richard	1994	Hospital Affiliations with HMOs and PPOs: An Analysis of Organizational and Market Factors Influencing Engagement in Resource Exchange Relationships—Dr. Robert Hurley	Executive Director TRICARE Southwest San Antonio, TX
Boles, Myra	1994	A Causal Model of Hospital Volume, Structure and Process Indicators, and Surgical Outcomes—Dr. Thomas Wan	Investigator, Center for Health Research Kaiser Permanente Northwest Region Portland, Oregon
Johantgen, Mary (Meg)	1994	Understanding Variation in the Surgical Treatment of Early-Stage Breast Cancer—Dr. Dolores Clement	Assistant Professor Director of Clinical Research School of Nursing Evaluation University of Maryland Baltimore, Maryland
Nordquist, Richard	1994	Efficiency and Other Differences in Nursing Home Operations: By Ownership Class—Dr. Ramesh Shukla	Consultant Memphis, Tennessee
Olden, Peter	1994	The Influence of Resource Availability and Market Structure of Local Hospital System Membership—Dr. Roice Luke	Assistant Professor Dept. of Health Administration University of Scranton Scranton, Pennsylvania
Pestian, John	1994	Hospital Variation in Patient Outcomes: Coronary Artery Bypass Grafting—Dr. Ramesh Shukla	Assistant Professor/Director Clinical Outcome and Information Research Center for Pediatric Research Eastern Virginia Medical School Norfolk, Virginia

Appendix 5-1. Data for Alumni of the Ph.D. Program, continued

Table A5-4. Doctoral Program Graduates: Dissertations, Committee Chairs, and Current Positions, continued

Name	Year	Dissertation Title/Committee Chair	Current Position
Porter, Russell	1994	Comprehensive Care and Resource Utilization in Residential Health Care Facilities—Dr. Thomas Wan	Associate Professor Midwestern State University Dept. of Health Sciences Wichita Falls, Texas
Spotswood, Marilyn	1994	Linking Client Need with Service Utilization: Assessment of Outcomes of a Long-Term Home and Community Care Project—Dr. Dolores Clement	Director, Client Support Advanced Research Systems Seattle, Washington
Trinh, Hanh	1994	Hospital Response to the Implementation of Prospective Payment—Dr. James Begun	Assistant Professor Dept. of Health Sciences University of Wisconsin Milwaukee, Wisconsin
Chen, Sheau-Hwa	1995	A Study on Dimensionality and Consequences of Patient Satisfaction: A Multivariate Approach—Dr. Thomas Wan	Associate Professor Dept. of Public Health Tzu-Chi College of Medicine Hualien, Taiwan ROC
Chiu, Herng-Chia	1995	The Linkage between Hospitals and Nursing Homes: Alternative Approach to Minimizing Transaction Cost—Dr. Robert Hurley	Associate Professor Dept. of Public Health Kaohsiung Medical College Kaohsiung, Taiwan
Goodman, Barbara	1995	Corporate Restructuring of Virginia Hospitals: Between 1983 and 1990—Dr. Jan Clement	Instructor/Assistant Professor Kaiser College Sarasota, Florida
Okasha, Ahmad	1995	Modeling the Determinants of Hospital Differentiation and Specialization—Dr. Thomas Wan	EDS State Health Care Plano, Texas
Stukenborg, George	1995	Carotid Endarterectomy Outcomes among Medicare Patients: Evaluative Evidence of Treatment Effectiveness from Randomized Controlled Trials and Administrative Data Bases—Dr. James Begun	Assistant Professor Dept. of Health Evaluation Sciences University of Virginia Charlottesville, Virginia
Thompson, Jon	1995	The Relationship of Hospital Service Domain to Intensity of Alternative Health Plan Contracting in Local Markets—Dr. Robert Hurley	Associate Professor Dept. of Health Sciences James Madison University Harrisonburg, VA
Youn, Kyung	1995	Organizational Slack, Efficiency, and Quality of Care in Acute Care Hospitals—Dr. Thomas Wan	Research Associate Korea Institute for Health & Social Affairs Seoul, Korea
Cotter, John (Jim)	1996	Nursing Homes Special Care Units for Persons with Alzheimer's Disease: An Innovation Theory Perspective—Dr. Robert Hurley	Instructor, Internal Medicine Virginia Commonwealth University Richmond, Virginia
Mau, Lih-Wen	1996	Measuring the Functional Status and Service Utilization Patterns of the Elderly in Taiwan—Dr. Thomas Wan	Assistant Professor Dept. of Healthcare Administration Chang-Jung Christian University Taiwan

Appendix 5-1. Data for Alumni of the Ph.D. Program, continued

Table A5-4. Doctoral Program Graduates: Dissertations, Committee Chairs, and Current Positions, continued

Name	Year	Dissertation Title/Committee Chair	Current Position
White, Kenneth	1996	Catholic Healthcare: Insomorphism or Differentiation?—Dr. James Begun	Assistant Professor/Associate Director Professional Graduate Programs Department of Health Administration, Virginia Commonwealth University Richmond, Virginia
Chern, Jin-Yuan	1997	Determinants of Health Services Expenditures: A Longitudinal Study—Dr. Thomas Wan	Assistant Professor Dept. of Healthcare Administration Chang-Jung Christian University Taiwan
Ibrahim, Ibrahim	1997	An Ecological Analysis of the Correlate of Sentinel Health Events—Dr. Thomas Wan	Assistant Professor Pennsylvania State University University Park, Pennsylvania
Jiang, Hongjia (Joanna)	1997	Dynamics of Change in Local Physician Supply: An Ecological Perspective—Dr. Robert Hurley	Senior Researcher Healthcare Association of NY State Albany, New York
Pai, Chih-Wen	1997	Determinants of the New Entry of HMOs into a Medicare Risk Contract: A Resource Dependence-Diversification Model—Dr. Dolores Clement	Michigan Peer Review Organization Plymouth, Michigan
Sullivan, S. Michael	1997	Outcomes and Costs of Health Care for Low Back Pain: A Comparison of Treatment Among Provider Types—Dr. Lou Rossiter	(deceased)
Tyler, Laura	1997	The Effect of Case Management Approach on Outcomes: A Multi-Dimensional Evaluation of Services for Individuals with Serious Mental Illness—Dr. Yasar Ozcan	Chief Clinical Officer Ozark Guidance Springdale, Arkansas
Watts, Janet	1997	Characteristics of Successful Therapy for Carpal Tunnel Syndrome: A Pilot Study—Dr. Dolores Clement	Associate Professor Dept. of Occupational Therapy Virginia Commonwealth University Richmond, Virginia
Woolard, Diane	1997	Influence of Community Characteristics on the Early Detection of Cancer—Dr. Dolores Clement	Director, Division of Surveillance Investigation, Virginia Dept. of Epidemiology, Richmond, Virginia
Yeh, Joy	1997	The Influence of Environmental Uncertainty and Resource Interdependence on Privatization of Public Mental Health Services—Dr. Robert Hurley	Internal Audit Director DMHMR&SAS, Commonwealth of Virginia Richmond, Virginia
Yeh, Shu-Chuan (Jennifer)	1997	Subacute Care in Skilled Nursing Facilities as an Adaptive Response to the New Healthcare Environment—Dr. Thomas Wan	Senior Researcher Boston VAMC
Bramble, James	1998	The Association of Markets and Organizational Factors on Teaching Hospitals and Their Participation in Strategic Hospital Alliances—Dr. Roice Luke	Assistant Professor School of Pharmacy and Allied Health Professions Creighton University Omaha, Nebraska

Appendix 5-1. Data for Alumni of the Ph.D. Program, continued**Table A5-4. Doctoral Program Graduates: Dissertations, Committee Chairs, and Current Positions, continued**

Name	Year	Dissertation Title/Committee Chair	Current Position
Freburger, Janet Kues	1998	Patient Care at Academic Health Center Hospital: Factors Contributing to the Outcomes of Care for Stroke and Total Hip Arthroplasty—Dr. Robert Hurley	Assistant Professor Division of Physical Therapy University of North Carolina Chapel Hill, NC
Jerome-D'Emilia, Bonnie	1998	The Diffusion of a Medical Innovation: Variation in the Utilization of Breast Conservation Surgery—Dr. Dolores Clement	Assistant Professor School of Nursing University of Virginia Charlottesville, VA
McCollum, Denise	1998	The Structure Response and Performance of Community Hospitals in a Managed Care Environment—Dr. Robert Hurley	Major, Army San Antonio, TX
Shen, Jie	1998	HMO Penetration and Health Care Outcomes of Acute Myocardial Infarction: An Organizational Effectiveness Perspective—Dr. Thomas Wan	Senior Researcher Michigan Peer Review Organization Plymouth, MI
Wang, Bing-Long (Bill)	1998	Managed Care Penetration, Hospital Vertical Integration Strategies and Hospital Performance: A Contingency-Based Strategic Adaptation Causal Model—Dr. Thomas Wan	Assistant Professor National Defense Medical College Taiwan

Appendix 6-1. Health Administration Faculty Profiles

Full Time Faculty

Thomas C. Barker (Ph.D., hospital and health administration, University of Iowa; M.A., marketing research, University of Iowa; and B.S.C., marketing, University of Iowa). Currently Dean Emeritus, School of Allied Health Professions and Professor Emeritus of Health Administration and Preventive Medicine. Dr. Barker's research interests include health policy, long term care, ethics in health care and health manpower education, distribution and utilization.

Dolores G. Clement (Dr.P.H., health policy and administration, University of California, Berkeley; M.S., health systems management, Rush University; M.A., international affairs, Ohio University). Dr. Clement serves as the Associate Dean, School of Allied Health Professions and specializes in health care policy, the management of information for complex health care organizations and international health care. She is involved in research to examine patterns of diffusion, growth, and survival among alternative health care organizations, satisfaction and access to care in Medicare risk contract HMOs, and the use of alternative payment strategies by Medicare. Dr. Clement has a joint appointment in the School of Medicine, Department of Preventive Medicine and Community Health, and previously served as Associate Director of the Williamson Institute.

Jan P. Clement (Ph.D., health policy and administration, University of North Carolina). Dr. Clement serves as the Director for the Professional Graduate Programs. She specializes in health care finance. She has published in the areas of financial strategy for health care firms, the financial behavior of managers of not-for-profit firms, financial evaluation techniques, and teaching cases. Dr. Clement is currently conducting empirical research on not-for-profit firms, uncompensated care, and corporate strategy.

Robert E. Hurley (Ph.D., health policy and administration, University of North Carolina; M.H.A., health administration, Ohio State University). Dr. Hurley has extensive management and consulting-firm experience in public and private-sector health service organizations. His research interests are in the areas of alternative delivery and financing systems, Medicaid reform, and the application of organization theory to health services organizations. He has published extensively in the area of managed care. He teaches courses in managed care, and organization theory and operations management.

Richard C. Kraus (M.H.A., hospital administration, Medical College of Virginia, Virginia Commonwealth University). Mr. Kraus accomplished much during his 30-plus years in the health care field. In 1970, he was the first administrator of HCA's Chippenham Medical Center in Richmond, VA. He was subsequently promoted to Vice President of the Houston Division in Texas, where there was divisional growth, mostly due to strategic planning and goal setting. Mr. Kraus' area of interest is hospital systems management. He has served on numerous health care committees in states where he has worked. Mr. Kraus is the second of the Department's 1,400 alumni to serve as an Executive-In-Residence within the Program. He has worked in nearly every aspect of health care, from small rural hospitals to international and multi-facility operations.

Appendix 6-1. Health Administration Faculty Profiles, continued

Roice D. Luke (Ph.D., medical care organization, health economics, University of Michigan; M.B.A., managerial economics, University of California, Berkeley). Dr. Luke specializes in the areas of strategic management and health care policy. He is currently conducting research into the structures of local markets and the strategic behaviors of local hospital systems. He recently served as Editor in Chief of the journal *Medical Care Review* and on the editorial board of the journal *Inquiry*. Dr. Luke is actively involved in continuing medical education and is a frequent speaker and author on the subjects of health care organization strategy and public policy. He is a past Chairman of the Department. He is the Director of the Williamson Institute for Health Studies.

Michael J. McCue (D.B.A., finance, University of Kentucky). Dr. McCue is the Director of the Doctoral Program in Health Services Organization and Research. His interests are in health care finance and performance of multi-hospital systems. His current work focuses on the financial and operating performance of system-affiliated psychiatric and rehabilitative hospitals. His publications have examined the financial profiles of acquired as well as divested hospitals and the determinants of hospital capital structure.

Yasar A. Ozcan (Ph.D., health administrative sciences, Virginia Commonwealth University; M.B.A., Southeastern Louisiana University). Dr. Ozcan's specialties are mathematical modeling applications in health care, health care information systems, and general statistical applications. His scholarly work is in the areas of health systems productivity, technical efficiency, financial efficiency, and effectiveness for health care providers.

Louis F. Rossiter (Ph.D., economics, University of North Carolina). Professor and founding Director of the David G. Williamson, Jr., Institute for Health Studies, Dr. Rossiter teaches health economics in the graduate programs. Dr. Rossiter's professional interests are in competition and the financing and delivery of health care services, particularly in reimbursement incentive policies and their effects on health care expenditures. His funded research focuses on strategic and operational issues surrounding Medicaid and Medicare alternative health systems. He completed a leave of absence serving in the office of the Administrator of the Health Care Financing Administration. He was the Director of the Office of Health Care Policy and Research (in the office of the Vice President for Health Science 1992-96), where he dealt with legislative and policy issues including the payment system for hospital capital under Medicare. A member of numerous professional associations and a prolific writer, Dr. Rossiter has served on a large number of federal and state technical advisory panels, and is frequently called upon to speak at national meetings.

Ramesh K. Shukla (Ph.D., systems engineering, University of Wisconsin, Madison). Dr. Shukla's areas of expertise include manpower utilization and productivity, decision support systems and hospital information systems. He has conducted extensive research on evaluating various strategies for improving manpower productivity without reducing quality of care or employee satisfaction. His recent research focus is on assessing and separating the effects of people, structures, and systems on manpower performance and productivity in nursing services. Dr. Shukla has developed a systems model of nursing performance that has been implemented and evaluated in several hospitals. Dr. Shukla has developed the system of rating hospitals and nursing homes in Virginia

Appendix 6-1. Health Administration Faculty Profiles, continued

using efficiency and productivity indicators. He is currently developing a system of risk-adjusted outcome assessment of Virginia hospitals. He is a member of several professional associations and is a frequent speaker at national and international meetings, is a consultant to several large health care corporations, and has published extensively in his areas of scholarly interest.

Karen N. Swisher (J.D., University of Richmond; M.S., medical sociology, Virginia Polytechnic Institute and State University). Dr. Swisher currently serves as Associate Director of the Williamson Institute. She is also faculty coordinator for the dual degree program in health administration and law. Her areas of special interest are medical law, medical sociology, business policy, and bioethics. She is the past Editor of the Virginia State Bar's *Health Law Newsletter* and is on the editorial board of the *Journal of Law and Dentistry*. She holds a joint appointment in the School of Medicine.

Thomas T. H. Wan (Ph.D., sociology, University of Georgia; M.H.S., Johns Hopkins University, School of Hygiene and Public Health). He serves as the Chairman of the Department. He specializes in managerial epidemiology, long-term care research, health services research and clinical outcome evaluation, and medical sociology. A highly productive scholar, Dr. Wan has written six books and over eight dozen articles. He served as member of the NIH Study Section on Human Development and Aging and is associate editor of *Research on Aging*. He has served as a member of the National Committee on Health and Vital Statistics of the Centers for Disease Control. He is the author of *Analysis and Evaluation of Health Systems: An Integrated Managerial Decision Making Approach*, published by Health Professions Press, 1995.

Kenneth R. White (Ph.D., Health Services Organization and Research, Virginia Commonwealth University; M.S., Nursing Administration, Virginia Commonwealth University; M.P.H., Health Administration, University of Oklahoma). Dr. White serves as the Associate Director of Professional Graduate Programs and specializes in organizational theory and design, behavior of Catholic health care organizations, and the strategic direction of the nursing profession. Dr. White has over twenty years experience in hospitals as clinician, administrator, and consultant. Thirteen years were with Mercy Health Services as senior executive in marketing, operations, and international health care consulting. Dr. White is a Registered Nurse and a Fellow of the American College of Healthcare Executives.

Appendix 6-1. Health Administration Faculty Profiles, continued

**Other University Faculty
with Joint Appointments**

Wally Berman, M.D.

Professor

Viktor E. Borbjerg, Ph.D.

Assistant Professor

Thomas H. Casey, Ph.D.

Assistant Professor

Robert Cohen, Ph.D.

Professor

Christopher E. Desch, M.D.

Associate Professor

Carl R. Fischer, M.H.A.

Associate Professor

Donald C.H. Gehring, J.D.

Assistant Professor

Jack Lanier, Dr.P.H.

Professor

Michael A. Pyles, Ph.D.

Assistant Professor

Sheldon M. Retchin, M.D.

Professor

Barbara Mark, Ph.D., R.N.

Professor

Paul Mazmanian, Ph.D.

Professor

Richard M. Schieken, M.D., M.S.H.A.

Professor

Thomas J. Smith, M.D.

Associate Professor

Wally R. Smith, M.D.

Associate Professor

David S. Wilkinson, M.D.

Professor

John M. Witherspoon, M.D., M.P.H.,

Professor

Appendix 6-2. Faculty, Current and Former; Staff, Current and Former

Faculty

Current

Viktor Bovbjerg, Ph.D.
Dolores Clement, D.P.H.
Jan P. Clement, Ph.D.
Robert E. Hurley, Ph.D.
Richard Kraus, M.H.A.
Roice D. Luke, Ph.D.
Michael J. McCue, D.B.A.
Yasar A. Ozcan, Ph.D.
Louis F. Rossiter, Ph.D.
Ramesh K. Shukla, Ph.D.
Karen N. Swisher, J.D.
Thomas T. H. Wan, Ph.D.
Kenneth R. White, Ph.D.

1980s & 1990s

Killard Adamache, Ph.D.
Elizabeth Bates, Ph.D.
James W. Begun, Ph.D.
Charles L. Breindel, Ph.D.
Donna Clark, M.S., R.R.A.
Anthony J. DeLellis, Ed.D.
Jean L. Heck, Ph.D.
Alan Jensen, Ph.D.
John G. Larson, Ph.D.
Jeffrey R. Lodge
Janet R. Lynch, Ph.D.
Barbara A. Mark, Ph.D.
Jerry L. Norville, M.S., M.A., M.B.A.
Eileen O'Neil, J.D.
Dennis D. Pointer, Ph.D.
M. Scott Stegall, Ph.D.
MeriBeth Stegall, Ph.D.

1970s

Herman L. Mullins, M.H.A.
Lawrence D. Prybil, Ph.D.
Leigh Rooke, Ed.D.
Martin S. Perlin, D.B.A.
Robin E. MacStravic, Ph.D.

Robert J. Halonen, Ph.D.

1970s (continued)

David B. Starkweather, Ph.D.
Robert E. Modrow, Ph.D.
Sam M. Hai, Ph.D.
John S. Markham, M.H.A., C.P.A.
Paul D. Williams, M.H.A.
David Wieking, M.D., J.D.
Jane Towner, M.S.

1960s

Robert S. Hudgens
Thomas C. Barker, Ph.D.
Benjamin T. Cullen, Ed.D.
Charles Sweat, M.H.A.
Tom Jordan, LL.B.
Jeffrey Mann, M.D.

1949-1950's

Ronald B. Almack
Carl R. Parrish
J. Karlton Qwen, M.D.
Charles P. Cardwell
Emmet K. Reid
Myra Williams, M.D.
Sybil MacLean, M.D.

Affiliate Faculty

Hugh E. Aaron, M.H.A./J.D.
Tilahun Adera, Ph.D.
C. Alex Alexander, M.D., Dr.P.H., FACHE
James W. Begun, Ph.D.
Mary N. Blackwood, M.H.A.
Warren T. Brennan, M.H.A.
Gerald R. Brink, M.H.A.
William G. Buck
Mark B. Canada, M.H.A.
Thomas H. Casey, Ph.D.
Shee Juhn Chung, M.D., Ph.D.
Alastair M. Connell, M.D.

Appendix 6-2. Faculty, Present and Former, continued

Affiliate Faculty (continued)

George W. Dawson, M.H.A.
 John Dayhoff, M.A.
 Anthony J. DeLellis, Ed.D.
 Christopher E. Desch, M.D.
 James W. Dudley, B.S.
 Carl R. Fischer, M.P.H.
 William H. Flannagan, Jr.
 Donald C. J. Gehring, J.D.
 A. Hugh Greene, M.H.A.
 Richardson Grinnan, M.D.
 Linda A. Halbert, M.B.A.
 Richard L. Holmes, Ph.D.
 Anne E. Honeycutt, M.N.
 Laurence S. Howard
 Mary D. Jacobs, Ph.D.
 Matthew D. Jenkins, J.D.
 Douglas L. Johnson, Ph.D.
 Donna M. Katen-Bahensky, M.S.P.H.
 John G. Larson, Ph.D.
 Robert T. Leek, M.S.H.A.
 Aaron Liberman, Ph.D.
 Janet S. Lieder, M.A.
 Janet R. Lynch, Ph.D.
 Mary Caroline Martin, M.H.A.
 Elizabeth I. Merwin, Ph.D.
 William M. Moss, M.H.A.
 Richard D. O'Hallaron, M.H.A.
 Richard J. Oulton, J.D.
 James L. Perkins, M.H.A.
 David K. Rickelton
 Earl M. Rogers, Ph.D.
 Fay A. Rozovsky, J.D., M.P.H., DFASHRM
 Laurens Sartoris, J.D.
 Eric Z. Silfen, M.D., M.S.H.A.

Charles W. Smith, M.H.A.
 Dennis H. Smith, M.H.A.
 Edward A. Smith, Jr., M.H.A.
 Martha Neff Smith, Ph.D.
 William R. Snapp, III, M.S.H.A.
 M. Scott Stegall, Ph.D.
 Michael B. Stout
 M. Scott Sullivan, Ph.D.
 Sharon M. Tanner, M.S.H.A.
 Marilyn B. Tavenner, M.H.A.
 Jon M. Thompson, Ph.D.
 Deborah L. Ulmer, Ph.D.
 Albert I. Wertheimer, Ph.D.
 Robert B. Williams, M.D.
 David W. Wright

Current Staff

Beverly DeShazo
 Carroll George
 Suzanne Havasy
 Ryan White

Former Staff

Brigitte Anckaitis
 Bonnie Banks
 Francis Ewing
 Annette Henry
 Ann Knobbe
 Patsy Ledbetter
 Miriam Mayhew
 Louise Mundy
 Val Norville
 Betty Scott
 Marie Wood Scott

Appendix 9-1. Speakers at the Charles P. Cardwell, Jr. Memorial Lecture*

- 1973 Ray E. Brown
Executive Vice President
Northwestern University - McGraw Medical Center
- 1974 John Alexander McMahon
President
American Hospital Association
- 1975 Richard J. Stull
President
American College of Hospital Administrators
- 1976 T. Edward Temple
President
Virginia Commonwealth University
- 1977 Henry X. Jackson
Administrator and Executive Vice President
Valley Presbyterian Hospital - Olmstead Memorial
- 1978 Walter J. McNerney
President
Blue Cross Association
- 1979 John F. Horthy
Horthy, Springe & Mattern
Attorneys-at-Law
Pittsburgh, Pennsylvania
- 1980 Robert M. Cunningham, Jr.
Contributing Editor, *Hospitals*
American Hospital Association
- 1981 Charles T. Wood
General Director
Massachusetts Eye and Ear Infirmary
- 1982 Stuart A. Westbury
President
American College of Hospital Administrators

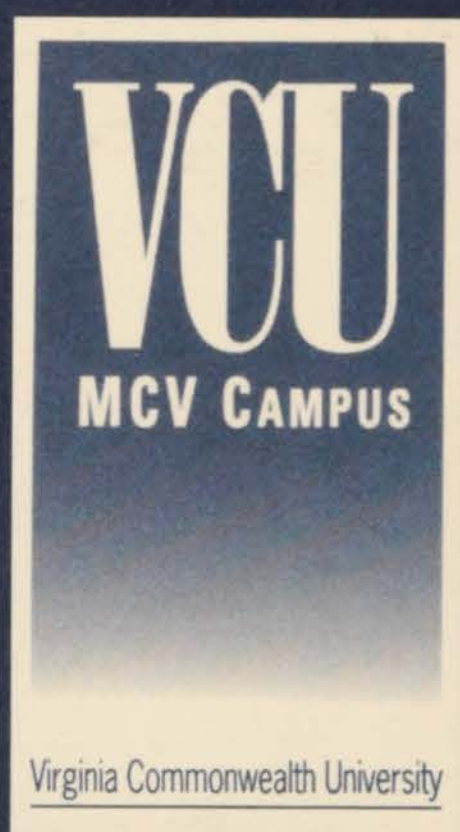
**Appendix 9-1. Speakers at the Charles P. Cardwell, Jr. Memorial Lecture,
continued**

1983	Jeff C. Goldsmith President Health Futures, Inc.
1984	Donald C. Wegmiller President Health Central, Inc.
1985	Robert D. Clyde Arthur Anderson and Company – Dallas
1986	Richard L. Johnson President Tribook, Inc.
1987	James S. Todd, M.D. Senior Deputy Executive Vice President American Medical Association
1988	Richard M. Knapp, Ph.D. Senior Vice President Association of American Medical Colleges
1989	Stuart D. Ogren President Virginia Hospital Association
1990	Paul A. Gross Executive Vice President Humana, Inc.
1991	Gail R. Wilensky, Ph.D. Administrator Health Care Financing Administration U. S. Department of Health and Human Services
1992	Thomas C. Smith President & CEO Voluntary Hospitals of America, Inc.

**Appendix 9-1. Speakers at the Charles P. Cardwell, Jr. Memorial Lecture,
continued**

1993	Gail L. Warden President & CEO Henry Ford Health Systems
1994	David J. Ottensmeyer, M.D. President & CEO Lovelace Medical Foundation
1995	Fred L. Brown President BJC Health System
1996	Clark W. Bell Editor & Associate Publisher Modern Healthcare Magazine Crain Communications
1997	Michael D. Caver Partner & Director Heidrick & Struggles
1998	Percy Wootton, M.D. President American Medical Association
1999	Alan R. Yuspeh Senior Vice President Ethics, Compliance and Corporate Responsibility Columbia HCA

*Position and title at the time of the Cardwell Lecture



Virginia Commonwealth University